

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N22119 (4)  
1. Corporation Name  
BRAILLE INTERNATIONAL, INC.



Principal Place of Business Mailing Address  
% GEOFFREY BULL  
3290 SE SLATER ST.  
STUART FL 34997  
US

3. Date Incorporated or Qualified 08/19/1987  
3a. Date of Last Report 05/23/1995

2. Principal Place of Business 2a. Mailing Address  
21 3290 SE SLATER STREET 26 3290 SE SLATER STREET  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 STUART, FL 28 STUART, FL  
Zip Country Zip Country  
24 34997 25 USA 29 34997 30 USA

4. FEI Number 59-2412553  
Applied For Not Applicable  
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent  
BULL, GEOFFREY L.  
3290 SE SLATER ST.  
STUART FL 34997

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *G. Bull* GEOFFREY L. BULL, PRESIDENT JUNE 24, 1996  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
DCS THOMAS, WILLIAM A 3290 SE SLATER ST. STUART FL 34997  
D OWEN, NATHAN 3290 SE SLATER ST. STUART FL 34997  
D SMITH, JOSEPH F. 3290 SE SLATER ST. STUART FL 34997  
PD BULL, GEOFFREY L. 3290 SE SLATER ST. STUART FL 34997  
PDS BRUBAKER, STEVEN 3290 SE SLATER ST. STUART FL  
DC THOMAS, WILLIAM A 3290 SE SLATER ST. STUART FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE D  
1.2 NAME PENDELL, RICHARD  
1.3 STREET ADDRESS 3290 SE SLATER STREET  
1.4 CITY-ST-ZIP STUART, FL 34997  
2.1 TITLE D  
2.2 NAME TODZIA, DANIEL  
2.3 STREET ADDRESS 3290 SE SLATER STREET  
2.4 CITY-ST-ZIP STUART, FL 34997  
3.1 TITLE D.V  
3.2 NAME YOUNG, STEPHEN  
3.3 STREET ADDRESS 3290 SE SLATER STREET  
3.4 CITY-ST-ZIP STUART, FL 34997  
4.1 TITLE D  
4.2 NAME FALCONER, GEORGE  
4.3 STREET ADDRESS 3290 SE SLATER STREET  
4.4 CITY-ST-ZIP STUART, FL 34997  
5.1 TITLE  
5.2 NAME 900001883819  
5.3 STREET ADDRESS -07/03/96--01077--029  
5.4 CITY-ST-ZIP \*\*\*61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *G. Bull* GEOFFREY L. BULL, PRESIDENT 06/24/96 (561) 286-8366  
Signature and typed or printed name of signing officer or director Date Daytime Phone #