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FILED

May 30 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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% GEOFFREY BULL
3290 SE SLATER ST.
STUART FL 34997-5757
US3. Date Incorporated or Qualified
08/19/19873a. Date of Last Report
07/02/1996

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

29 34997

30

4. FEI Number
59-2412553Applied For
Not Applicable5. Certificate of Status Desired ☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BULL, GEOFFREY L.
3290 SE SLATER ST.
STUART FL 34997

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

I, the undersigned, being a resident of the State of Florida, do hereby certify that 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

GEOFFREY L. BULL, PRESIDENT

4/25/97

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DCS ☐ DELETE
NAME THOMAS, WILLIAM A
STREET ADDRESS 3290 SE SLATER ST.
CITY-ST-ZIP STUART FL 349971.1 TITLE D ☐ Change ☒ Addition
1.2 NAME TODZIA, DANIEL
1.3 STREET ADDRESS 3290 SE SLATER STREET
1.4 CITY-ST-ZIP STUART, FL 34997TITLE D ☐ DELETE
NAME OWEN, NATHAN
STREET ADDRESS 3290 SE SLATER ST.
CITY-ST-ZIP STUART FL 349972.1 TITLE DC ☒ Change ☐ Addition
2.2 NAME FALCONER, GEORGE
2.3 STREET ADDRESS 3290 SE SLATER STREET
2.4 CITY-ST-ZIP STUART, FL 34997TITLE D ☐ DELETE
NAME SMITH, JOSEPH F.
STREET ADDRESS 3290 SE SLATER ST.
CITY-ST-ZIP STUART FL 349973.1 TITLE DS ☒ Change ☐ Addition
3.2 NAME THOMAS, WILLIAM A.
3.3 STREET ADDRESS 3290 SE SLATER STREET
3.4 CITY-ST-ZIP STUART, FL 34997TITLE PD ☐ DELETE
NAME BULL, GEOFFREY L.
STREET ADDRESS 3290 SE SLATER ST.
CITY-ST-ZIP STUART FL 349974.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME FALCONER, GEORGE
STREET ADDRESS 3290 SE SLATER ST.
CITY-ST-ZIP STUART FL 349975.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE DV ☐ DELETE
NAME YOUNG, STEVEN
STREET ADDRESS 3290 SE SLATER ST.
CITY-ST-ZIP STUART FL 349976.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

GEOFFREY L. BULL, PRESIDENT

4/25/97

(561)286-8366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0072253

CP2E037 (9/96)