


FILE NOW: FILING FEE IS \$61.25

**FILED**  
Feb 25, 1999 8:00 am  
Secretary of State

02-25-1999 90014 034 \*\*\*\*70.00

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|   |   |  |
|---|---|--|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # N22119**

1. Corporation Name

**BRILLE INTERNATIONAL, INC.**

Principal Place of Business

3290 SE SLATER STREET  
STUART FL 34997  
US

Mailing Address

3290 SE SLATER STREET  
STUART FL 34997  
US



|                                |     |                     |         |   |  |
|--------------------------------|-----|---------------------|---------|---|--|
| 2. Principal Place of Business |     | 2a. Mailing Address |         | 3. Date Incorporated or Qualified   |  |
| 21                             |     | 26                  |         | 08/19/1987  |  |
| Suite, Apt. #, etc.            |     | Suite, Apt. #, etc. |         | 4. FEI Number   |  |
| 22                             |     | 27                  |         | 59-2412553  |  |
| City & State                   |     | City & State        |         | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |  |
| 23                             |     | 28                  |         | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees                 |  |
| 24                             | Zip | 25                  | Country | Trust Fund Contribution   |  |
| 29                             | Zip | 30                  | Country |   |  |

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   |
| 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   |                    | (NOTE: Registered Agent signature required when reinstating) |   | DATE                  |  |
| Signature, typed or printed name of registered agent and title if applicable. |                    |  |   |                       |  |
| 12. OFFICERS AND DIRECTORS  |                    |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                       |  |
| TITLE   | DC                 | <input type="checkbox"/> DELETE                              | 1.1 TITLE   | D                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | FALCONER, GEORGE   |  | 1.2 NAME  | THOMAS, WILLIAM A.    |  |
| STREET ADDRESS  | 3290 SE SLATER ST. |  | 1.3 STREET ADDRESS                                    | 3290 SE SLATER STREET |  |
| CITY-ST-ZIP   | STUART FL          |  | 1.4 CITY-ST-ZIP                                       | STUART, FL 34997      |  |
| TITLE   | DS                 | <input type="checkbox"/> DELETE                              | 2.1 TITLE   | P                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | THOMAS, WILLIAM A  |  | 2.2 NAME  | BULL, GEOFFREY L.     |  |
| STREET ADDRESS  | 3290 SE SLATER ST. |  | 2.3 STREET ADDRESS                                    | 3290 SE SLATER STREET |  |
| CITY-ST-ZIP   | STUART FL          |  | 2.4 CITY-ST-ZIP                                       | STUART, FL 34997      |  |
| TITLE   | PD                 | <input type="checkbox"/> DELETE                              | 3.1 TITLE   | DS                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  | BULL, GEOFFREY L.  |  | 3.2 NAME  | SMITH, JOSEPH F.      |  |
| STREET ADDRESS  | 3290 SE SLATER ST. |  | 3.3 STREET ADDRESS                                    | 3290 SE SLATER STREET |  |
| CITY-ST-ZIP   | STUART FL 34997    |  | 3.4 CITY-ST-ZIP                                       | STUART, FL 34997      |  |
| TITLE   |                    | <input type="checkbox"/> DELETE                              | 4.1 TITLE   | D                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  |                    |  | 4.2 NAME  | TODZIA, DANIEL P.     |  |
| STREET ADDRESS  |                    |  | 4.3 STREET ADDRESS                                    | 3290 SE SLATER STREET |  |
| CITY-ST-ZIP   |                    |  | 4.4 CITY-ST-ZIP                                       | STUART, FL 34997      |  |
| TITLE   |                    | <input type="checkbox"/> DELETE                              | 5.1 TITLE   | D                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  |                    |  | 5.2 NAME  | BRADEN, DAN           |  |
| STREET ADDRESS  |                    |  | 5.3 STREET ADDRESS                                    | 3290 SE SLATER STREET |  |
| CITY-ST-ZIP   |                    |  | 5.4 CITY-ST-ZIP                                       | STUART, FL 34997      |  |
| TITLE   |                    | <input type="checkbox"/> DELETE                              | 6.1 TITLE   |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |                    |  | 6.2 NAME  |                       |  |
| STREET ADDRESS  |                    |  | 6.3 STREET ADDRESS                                    |                       |  |
| CITY-ST-ZIP   |                    |  | 6.4 CITY-ST-ZIP                                       |                       |  |

14. I 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 in an attachment with an address, with all other like empowered.

**SIGNATURE:**  **GEOFFREY L. BULL, PRESIDENT** 2/15/99 (561) 286-8366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)