

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000041348 (2)
1. Corporation Name
BRINTECH, INC.

Principal Place of Business 124 CANAL STREET NEW SMYRNA BEACH FL 32168 US	Mailing Address 124 CANAL NEW SMYRNA BEACH FL 32168 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/07/1993	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 58-2056319		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent RAMONA L BREWER 1215 COMMODORE DRIVE NEW SMYRNA BEACH FL 32168		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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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	EVP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID KOTO	1.2 NAME	
STREET ADDRESS	735 REDWING DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL	1.4 CITY-ST-ZIP	
TITLE	CEOP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREWER, HAROLD J	2.2 NAME	
STREET ADDRESS	1215 COMMODORE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREWER, RAMONA L.	3.2 NAME	
STREET ADDRESS	1215 COMODORE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	3.4 CITY-ST-ZIP	
TITLE	CFO	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, ROELYN	4.2 NAME	CFO JACKSON, RAELENN
STREET ADDRESS	705 HERBERT ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL	4.4 CITY-ST-ZIP	
TITLE	EVP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROCKETT, JIM	5.2 NAME	
STREET ADDRESS	1616 N ATLANTIC AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BCH FL	5.4 CITY-ST-ZIP	
TITLE		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Raelynn Jackson

(904)427 6772

CR2E034 (10/97)