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

PROFIT CORPORATION ANNUAL REPORT

1998

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STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000088572 (1) DOCUMENT # 1. Corporation Name

BRILITA INTERNATIONAL, INC.

Principal Place of Business Mailing Address 10575 OLD DIXIE HWY 10575 OLD DIXIE HWY ST AUGUSTINE FL 32095 ST AUGUSTINE FL 32095 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/29/1993 2. Principal Place of Business 2a, Maiting Address 4. FEI Number Applied For 59-3222375 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes 30 25 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent KING, DAVID M 81 Name 10575 OLD DIXIE HWY Street Address (P.O. Box Number is Not Acceptable) ST AUGUSTINE FL 32095 83 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, typod or printed nank- of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change ☐ Addition 1.1 TITLE TITLE HART, JOHN B 1.2 NAME NAME 10575 OLD DIXIE HWY STREET ADDRESS 1.3 STREET ADDRESS **ST. AUGUSTINE FL 32095** CITY-ST-ZIP 1.4 CITY-ST-ZIP DVS DELETE TITLE 2.1 TITLE ___ Change Addition HART, LITA G NAME 2.2 NAME 10575 OLD DIXIE HWY STREET ADDRESS 2.3 STREET ADDRESS ST. AUGUSTINE FL 32095 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE KING, DAVID M. 3.2 NAME 10575 OLD DIXIE HWY STREET ADDRESS 3.3 STREET ADDRESS **ST. AUGUSTINE FL 32095** CITY-ST-ZIP 3.4. CITY - S1 - ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7IP 4.4 CITY - ST- ZIP DELETE Change ■ Addition 5.1 3/TLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Addition DELETE Change TITLE 6.1 TITLE NAME 6.2 NAME

FILED Apr 20 1998 8:00am Secretary of State



6.4 CITY-S1-ZIP 14. Thereby 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 if 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

6.3 STREET ADDRESS