

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

FILED
Feb 25 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P 96000041690
1. Corporation Name

Brilliant computers Inc.

Principal Place of Business Mailing Address
680 S. MILITARY TRAIL
Deer Field Beach, FL 33498

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 5/15/96
4. FEI Number 65-0668170
Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 10741 Cypress Lake Terr. 26 20475 VIA MARISA
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 BOCA RATON FL 28 BOCA RATON FL
Zip Country Zip Country
24 33498 25 Palm Beach 29 33498 30 Palm Beach

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

Mark Brilliant
20475 VIA MARISA
BOCA RATON, FL 33498

10. Name and Address of New Registered Agent

81 Name SAME
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 Mark Brilliant (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	PAUL KRAVITS	Remove!
STREET ADDRESS	4320 N.W. 101 DRIVE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	PAUL MITCHELL	Remove!
STREET ADDRESS	1092 SOUTH MILITARY TRAIL #305	
CITY-ST-ZIP	Deerfield Beach FL 33442	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAM A. WINE	Remove!
STREET ADDRESS	6735 CANARY PALM CIRCLE	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARK BRILLIANT	STAY AS IS!
1.3 STREET ADDRESS	20475 VIA MARISA	
1.4 CITY-ST-ZIP	BOCA RATON, FL 33498	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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2.25

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: Mark Brilliant MARK BRILLIANT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-98 561-482-2860
Date Daytime Phone #