

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

**FILED**  
**Apr 09 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P96000051137 (3)**

1. Corporation Name  
**BRILL ENTERPRISES, INC.**



Principal Place of Business: **10854 TELFORD STREET NEW PORT RICHEY FL 34654**  
 Mailing Address: **10854 TELFORD STREET NEW PORT RICHEY FL 34654-3123**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		06/14/1996			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-3385053		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23		28		[ ]		[ ]	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24		29		[ ]		[ ]	
Country		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
25		30		[X] Yes [ ] No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>HALLMAN, WILLIAM H III</b> <b>503 EAST JEFFERSON STREET</b> <b>BROOKSVILLE FL 34601</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				<b>Harry G. Brill</b> <b>12319 Birch Street</b> <b>Weeki Wachee, Fl. FL 34613</b>			

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]* DATE: **4/4/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	[ ] DELETE	1.1 TITLE	P/T [ ] Change [X] Addition
NAME		1.2 NAME	Harry Brill
STREET ADDRESS		1.3 STREET ADDRESS	12319 Birch Street
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Weeki Wachee, Fl. 34613
TITLE	[ ] DELETE	2.1 TITLE	VP/S [ ] Change [X] Addition
NAME		2.2 NAME	Jo Renee Brill
STREET ADDRESS		2.3 STREET ADDRESS	12319 Birch Street
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Weeki Wachee, Fl. 34613
TITLE	[ ] DELETE	3.1 TITLE	[ ] Change [ ] Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	5.1 TITLE	[ ] Change [ ] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	6.1 TITLE	[ ] Change [ ] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **Harry Brill** DATE: **2/20/97** DAYTIME PHONE: **352-596-8134**

CR2E034 (9/96)