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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000080769

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90142 038 ***150.00

BRILLIN	NSURANC	e Consult	TANTS, INC	•									
Principal Place of Business Mailing Address									I (BAITEAN 118 IAIR) IETU ARITUEL	II SUIII VEITI I		O DÍRE FOIT LOGI	
8815 FALCON TRACE DR NORTH JACKSONVILLE FL 32222 8815 FALCON TRACE DR NORTH JACKSONVILLE FL 32222								DO NOT WRITE IN THIS SPACE					
									3. Date Incorporated or Qualifed 09/15/1998				
2. Principal P	Place of Busin	ess	2a 26	. Mailing Addi	ress				4. FEI Number 59 - 3544080			oplied For ot Applicable	
Suite, Apt.	. #, etc.		27	Suite, Apt. #	t, etc.				5. Certificate of Status Desired			Additional equired	
City & State				City & State				$\neg \neg$	6. Election Campaign Financing \$5.00 May Be				
23			28						Trust Fund Contribution		Added	to Fees	
Zip	Г	Country	H	Zip Coun				[8. This corporation owes the curre		ngible □Yes	₩No	
24		25]	29	ntorod Amont	30	<u> </u>			Personal Property Tax. 10. Name and Address of New R			JEN NO	
	9. Name	and Address o	of Current Regis	stered Agent		81	Name		10. Hattle and Address of How I	ogiotorou r			
	TT, JACKIE 5 FALCON	TRACE DR NO	ORTH			82	Street	Addres	s (P.O. Box Number is Not Accepta	ble)			
JACKSONVILLE FL 32222													
						84	City			FL	85 Zip	Code	
44 0	to the provin	ions of Spetions	607.0502 and 6	807 1509 Flor	ida Statutes	the above	e-named	comor	ation submits this statement for the	nurnose of o	hanging its	s registered	
l office or r	registered age	ent, or both, in the th, and accept the	he State of Flori	ida. Such char	nde was auth	norized by	the corpo	oration'	s board of directors. I hereby accep	t the appoin	tment as re	egistered	
				, OCCION CO.	الماران، الماران،	a Statutes.							
SIGNATURE								manimad W	den rainstatina)	DATE			
	Signature, typed		gistered agent and title	if applicable.		egistered Agen		equired w	then reinstating) ADDITIONS/CHANGES TO OFF	DATE FICERS ANI	D DIRECTO	DRS IN 12	
SIGNATURE 12.	Signature, typed	OFFIC		if applicable.				. 0	ADDITIONS/CHANGES TO OFF	ICERS ANI	D DIRECTO	DRS IN 12	
12.	Stgnature, typed	OFFIC	gistered agent and title	if applicable.	(NOTE: Re	egistered Agen		. 0	ADDITIONS/CHANGES TO OFF	ICERS ANI			
12.	Signature, typed	OFFIC	gistered agent and title	if applicable.	(NOTE: Re	13.	nt signature r	P. 71	ADDITIONS/CHANGES TO OFF RESIDENT ACKIE L. BRITH 15 FAICON TRACE DE. N	ICERS ANI			
12. TITLE NAME	Signature, typed	OFFIC	gistered agent and title	s if applicable. ECTORS	(NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREET	nt signature r	P. 7.88	ADDITIONS/CHANGES TO OFF RESIDENT PICKIE L. BRITT PACE DE. N NY., FL 32222	ICERS ANI	Change	☐ Addition	
12. TITLE NAME STREET ADDRESS	Signature, typed	OFFIC	gistered agent and title	s if applicable. ECTORS	(NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST	nt signature r	P. 51	ADDITIONS/CHANGES TO OFF RESIDENT ACKIE L. BRIT 15 FAICON TRACE DE. N AX., FL 32222	ICERS ANI			
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE; NAME	Signature, typed	OFFIC	gistered agent and title	s if applicable. ECTORS	(NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME	nt signature r FADDRESS T-ZIP	P. 51	ADDITIONS/CHANGES TO OFF RESIDENT ACKIE L. BRIT 15 FAICON TRACE DE. N AX., FL 32222	ICERS ANI	Change	☐ Addition	
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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 charged, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

4-11-99

573-3036