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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **L09511** **(1)**

1. Corporation Name
N.E.F.A.S. INC.

Principal Place of Business	Mailing Address
% IAN RAMSBOTTOM P.O. BOX 290095 PORT ORANGE FL 32129	% IAN RAMSBOTTOM P.O. BOX 290095 PORT ORANGE FL 32129-0095

3. Date Incorporated or Qualified: 08/15/1989
3a. Date of Last Report: 04/11/1996

2. Principal Place of Business
21: 701 W. INTERNATIONAL SPEEDWAY BLVD
22: Suite, Apt. #, etc.
23: City & State: DAYTONA BCH, FL
24: Zip: 32124
25: Country: U.S.A

2a. Mailing Address
26: 701 W. INTERNATIONAL SPEEDWAY BLVD
27: Suite, Apt. #, etc.
28: City & State: DAYTONA BCH, FL
29: Zip: 32114
30: Country: U.S.A.

4. FEI Number: 59-2977944 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RAMSBOTTOM, IAN
866 MASON AVE #5
DAYTONA BEACH FL 32117

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 701 W. INTERNATIONAL SPEEDWAY BLVD
83
84 City: FL 85 Zip Code: 32114

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] IAN RAMSBOTTOM 3-4-97
Signature of new registered agent and printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	RAMSBOTTOM, IAN	
STREET ADDRESS	224 DAYTONA AVE	
CITY-ST-ZIP	HOLLY HILL FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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] 3-7-97
Officer or Director of the Corporation - Please see the instructions for required signature - non-profit corporations may be signed by any officer or director DATE

CR2E034 (9/96)