SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $975)

PROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 JUL -5 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F25332 (0)

1. Corporation Name
J.E.F. ASSOCIATES, INC.

Principal Place of Business	Mailing Address
5540 OSPREY DR. OCEAN RIDGE FL 33435	5540 OSPREY DR. OCEAN RIDGE FL 33435

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/16/1981
3a. Date of Last Report: 02/07/1994
4. FEI Number: 59-2192560 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 650 SW Boca Raton Blvd	26 c/o J.K. Eastham
22 Suite, Apt. #, etc: Apt E155	27 Suite, Apt. #, etc: 138 W. Palmetto Pk Rd
23 City & State: Boca Raton FL	28 City & State: Boca Raton FL
24 Zip: 33432 25 Country: Palm Beach	29 Zip: 33432 30 Country: Palm Beach

9. Name and Address of Current Registered Agent

FLUET, VIRGINIA B.
5540 OSPREY DR.
OCEAN RIDGE FL 33435

10. Name and Address of New Registered Agent

81 Name: J.K. Eastham, Attorney
82 Street Address (P.O. Box Number is Not Acceptable): 138 W. Palmetto Pk Rd
83
84 City: Boca Raton FL 85 Zip Code: 33432

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] [signature] — Registered Agent signature required when reinstating — DATE 6/28/95

12. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	FLUET, VIRGINIA B.
STREET ADDRESS	5540 OSPREY DR.
CITY-ST-ZIP	OCEAN RIDGE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

	☐ Change ☐ Addition
1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] V. B. FLUET — 6/22/95 — (603)522-9260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0363305 CP