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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9400000330 (0)

EFA PUBLISHING GROUP, INC.

Principal Place of Business Mailing Address							_					
`												
3023 PRODUCTION CT. DAYTON OH 45414-3514			3023 PRODUCTION CT. DAYTON OH 45414-3514									
	V114 VV/1		•									
								3. Date incorporated or Qualified	1	ate of Last R	eport	
						01/24/1994 04/22/1996						
2. Principal Place of Business			2a. Mailing Address					4. FEI Number Applied For				
21			26					31-1393227 Not Applicable				
Sulte, Apt. #, etc			\$	Suile, Apt. #, etc.				5. Certificate of Status Desired		\$8.75		
22			27							Fee Re	equired	
City & State			C	City & State				6. Election Campaign Financing \$5.00 May Be				
23			28	<u> </u>				Trust Fund Contribution		Added (
Zip					Cour	ntry		8. This corporation has liability for intangible tax under s. 199.03:				
24 25			29 30					Florida Statutes Yes No				
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent					
RUTTER, JERRY						81 Nam	o Ec	dward F. AN	THO	μY		
2100 GÜLFYIEW BLYD.						82 Stre	ol Addre	ddress (P.O. Box Number is Not Acceptable)				
DUNEDIN FL\34698						136	٤ د	OCO1A Dr # 103				
							LL	AHASSEE, PI	O			
٠	·					84 City		V	FL	- 1	Code 2304	
11. Pursuant office or r	to the provision egistered agen m familiar with	is of Sections 607.050 t, or both, in the State and accept the oblig	2 and 607 of Florida ations of 9	.1508, Florida Statut . Such change was : Reckon 607.0505. Fli	es, the ab authorized orida Stati	ove-name by the cates	ed corpo orporatio	oration submits this statement for the on's board of directors. I hereby accepts				
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE ALMOUT. AM KNOW 3-8-97										7		
- Contraction	Signature, typied or	printed name of registered ag				Agent signa	are require	d when reinstableg)	DATE		,	
12.	,	OFFICERS AN	D DIRECT		13.			ADDITIONS/CHANGES TO OFFI				
TITLE	PC			DELETE	1,1 1/1		A	word F. ANTITO	ب ر	4 Change	☐ Addition	
NAME	ANTHONY,				1.2 NA	MF	Ed	03 OCOLA Dr FULAH ASSEE	41	2.3		
STREET ADDRESS	160 WOOD	Bury Drive			1.3 ST	HEET ADDRES	s /3 6	03 OCOTA Dr				
CITY-ST-ZIP	DAYTON O	Н			1.4 CH	Y-S1-7IP	TA	LLAHASSEE	FL		2304	
TITLE	ST			DELETE	2.1 TJT	LE				Change	Addition	
NAME	ANTHONY,	BRENDA T			2.2 NA	Mŧ						
STREET ADDRESS		BURY DRIVE			2.3 \$1	REET ADDRES	s					
CITY-ST-ZIP	DAYTON O				2 4 CI	1Y-S1-ZIF						
TITLE				DELETE	3 1 111					Change	Addition	
NAME					3 2 NA	ME						
	1						1					

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.

3 3 STREET ADDRESS

4.3 STHEFT ADDRESS 4.4 CHTY- ST- ZIP

5.3 STREET ADDRESS

5.4 CITY - \$1 - 7IP

3.4. City - St - ZiP

4 1 THLE

4. 2 NAME

5.1 TITLE

6.1 TITLE

6.2 NAME

BRENDA THE ANTHONY & MANCHES OF A STATE

DELETE

DELETE

DELETE

8/97 937-4545

Change

Change

Addition

Addition

Addition

FILED

Mar 14 1997 8:00am

Secretary of State