

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M71502** (2)

1. Corporation Name

EFLOW, INC.



Principal Place of Business

Mailing Address

**C/O HAROLD E. WOLFE, JR.
2300 PALM BEACH LAKES BLVD., SUITE 302
WEST PALM BEACH FL 33409**

**C/O HAROLD E. WOLFE, JR.
2300 PALM BEACH LAKES BLVD., SUITE 302
WEST PALM BEACH FL 33409**

3. Date Incorporated or Qualified

03/10/1988

3a. Date of Last Report

05/31/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FET Number

65-0035762

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

10. Name and Address of New Registered Agent

**WOLFE, HAROLD E., JR.
2300 PALM BEACH LAKES BLVD.
SUITE 302
WEST PALM BEACH FL 33409**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

(If Other Registered Agent Signature required, check box below)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD
WOLFE, HAROLD E., JR.**
STREET ADDRESS **2300 PALM BEACH LKS BLVD SUITE 302**
CITY-STATE-ZIP **WEST PALM BEACH FL**

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

TITLE ☐ DELETE

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

TITLE ☐ DELETE

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

TITLE ☐ DELETE

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

TITLE ☐ DELETE

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

TITLE ☐ DELETE

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

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SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/96 (407)-697-4100

CR2E034 (12/95)