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

Mailing Address 2129 7TH AVE NORTH

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

2129 7TH AVE NORTH



FLORIDA DEPARTMENT OF STATE

FILED

Jan 21 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9200003266 (3)

EFFICIENT MOTOR SERVICES, INC.

LAKE WORTH FL 33461 US 2. Principal Place of Business		#7 LAKE WORTH FL 33461-3810 US 28. Mailing Address			Date Incorporated or Qualified 11/10/1992		Date of Last Report 3/05/1996		
					4. FEI Number		oplied For		
21		26			65-0377434			ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired	
City & State)	City & State		_		6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Co	untry		8. This corporation has liability for i	ntangible	tax under s	. 199.032,
24	25	29	30	.			Yes [
	9. Name and Address of Current	Registered Agent		ļ.,,		10. Name and Address of New Re	gistered /	Agent	
	Livan, gary t			81	Name				
	TTH AVENUE NORTH, #7			82	Street Ac	Idress (P.O. Box Number is Not Acceptab	le)		•
LAKI	E WORTH FL 33461								
		/		83					
	4			84	City			85 Zip	Code
					Ψ/λ)		FL		
SIGNATURE.	Signature, type dion printed rame on replateino agen	Pres, Devi 1 and title it applicable. (NC	OTE: Registeri			ration's board of directors. I hereby acceptuality accept	DATE	99	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	PSTD CARY T	DELETE	1.1 7					Change	☐ Addition
NAME	SULLIVAN, GARY T			AME	-				
STREET ADDRESS	3019 NAUTICAL WAY LANTANA FL		1.3 STREET AD		1				
CiTY-ST-7IP	EVP DELE			ITY-S	1 - ZIP			Change	Addition
TITLE NAME	SULLIVAN JR, MATTHEW R		i i	2.1 TITLE 2.2 NAME				CT Cumile	☐ Yaaiiiaii
STREET ADDRESS	1119 SEA PINES WAY				ADDRESS				
CHY-\$1-ZIP	LANTANA FL						٠.		
TOLE	VP VP	DELETE		2.4 CITY-ST-ZIP 3.1 TITLE				Change	Addition
NAME	ETTINGER, THOMAS B	B-241-	- 6	AME	- 1			`	
STREET ADDRESS	1348 PINETTA CIRCLE				ADDRESS				
C-TY-ST-ZIP	WELLINGTON FL			CITY - S	ŀ				
TITLE		DELETE	411					Change	Addition
NAME			4.2	NAME					
STREET ADDRESS			435	TREET	ADDRESS				
CITY-ST-ZIP				ITY-S	- 1				
TITLE		☐ DELETE	5.17			A A A A A A A A A A A A A A A A A A A		Change	Addition
NAME			5.2 1	AME					
STREET ADDRESS			5.3 5	TREET	ADDRESS	•			
CITY-ST-ZIP			5.4 (OTY-\$	T-ZIP				
TITLE		☐ DELETE	6.1 1	ITLE				Change	Addition
NAME			6.21	IAME					
STREET ADDRESS			6.3 9	STREET	ADDRESS				
CITY - ST - ZIP				ITY-S					
14. I do herel	by certify that the information supplied	with this filing does not qua	alify for the	ava c	motion sta	ted in Section 119.07(3)(i), Florida Statute hat my signature shall have the same lega port as required by Chapter 607, Florida S	e I further	cortify the	the