FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000021762 (8)**

1. Corporation Name
EFC MARKETING AMERICA, INC.

Principal Place of Business	Mailing Address
3543 SOUTH OCEAN BLVD. SUITE 105 SOUTH PALM BEACH FL 33411	3543 SOUTH OCEAN BLVD. SUITE 105 SOUTH PALM BEACH FL 33411

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/16/1993
3a. Date of Last Report: 02/08/1994

2. Principal Place of Business
21: 445 W LANTANA RD.
Suite, Apt. #, etc. 22: SUITE 9
City & State 23: LANTANA, FL.
Zip 24: 33462 Country 25: USA

2a. Mailing Address
26: 815 LAGOON LANE
Suite, Apt. #, etc. 27:
City & State 28: LANTANA, FL.
Zip 29: 33462 Country 30: USA

4. FEI Number: 65-0398608 ☐ 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

FORROW, EILEEN
3543 SOUTH OCEAN BLVD.
SUITE 105
SOUTH PALM BEACH FL 33411

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 815 LAGOON LANE
83
84 City: LANTANA **FL** 85 Zip Code: 33462

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	1.1 TITLE	☒ Change ☐ Addition
NAME	FORROW, EILEEN	1.2 NAME	
STREET ADDRESS	3543 S OCEAN BLVD., SUITE 105	1.3 STREET ADDRESS	815 LAGOON LANE
CITY-ST-ZIP	SOUTH PALM BEACH FL 33480	1.4 CITY-ST-ZIP	LANTANA, FL. 33462
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	ORR, ANDREW H	2.2 NAME	
STREET ADDRESS	1375 PASADENA AVE. SOUTH, #541	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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: _____ 4/27/95 407-582-7287
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0436060 FP