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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000021762 (8)

EFC MARKETING AMERICA, INC.

Principal Place of Business

815 LAGOON LANE LANTANA FL 33462 IIS Mailing Address

815 LAGOON LANE LANTANA FL 33462 US

DO NOT WRITE IN THIS SPACE

FILED Apr 10 1998 8:00am Secretary of State

|--|

								-	Dota Issaa		Describing of				
								3	Date Incor		Jusimeo				
2. Principal F	Place of Busin	ness	γ	2a. Mailing Address					03/16/1 FEI Numbe					pplied For	
21 534 S. PALMWAY				26 534 S. PALMWAY				'	65-0398608					Not Applicable	
Suite, Apt. #, etc				Suite, Apt. #, etc.						_		7		Additional	
22				27				5	. Certificate	of Status De	esired	×		equired	
City & State				City & State				6	6. Election Campaign Financing \$5.00 May Be						
					28 LAKE WORTH FL.				Trust Fund Contribution Added to Fees						
Zip マラル	, _	Country	Zip Counti				8	. This corpo	ration owes	or has pa	id the cur	rent year In	tangible		
24 554	3460 25 USA 29 33460					ا ب	Total art topolity van add ballo be.							□ No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  CODDOW FILEDA															
FORROW, EILEEN							Name								
815 LAGOON LANE							Street	Address (	P.O. Box Nu	mber is Not	Acceptab	le)			
Lantana FL 33462							Street Address (P.O. Box Number is Not Acceptable) 534 S. PALMWAY								
	63														
						B4	City		<u> </u>				<b>85</b> Zip	Code	
							L	AKE	WORT	<u> </u>		<u> </u>	33	5460 I	
11. Pursuant office or I	to the provis registered ag	ions of Sections 6 ient, or both, in th	607.0502 ar ne State of F	od 607.1508, Flori Iorida, Such chai	ida Statutes nge was aut	, the above thorized by	-named	corporation's	on submits the	nis statemen	it for the p	urpose of	changing i	ts registered	
agent. I a	am familiar wi	th, and accept th	e obligation	ns of, Section 607	0505, Flori	da Statutes	3.	20.00.01.0	DOU! G OI GIIC	70t013.   1101	obj decop	t the app	Olitanieni da	registered	
SIGNATURE														1	
10	Signature, typed	or printed name of regi	RS AND D		(NOTE: I	Registered Age	ni signature	<del></del>				DATE			
12.	PSTD	OFFICE	HS AND D		ELETE	13.			ADDITIONS	CHANGES	TO OFFIC	ERS AND	Change		
NAME		W, EILEEN			FEETE								LA Change	☐ Addition	
STREET ADDRESS	815 LAG			1.2 NAME		Z 2,	. e 5	almı.	201						
CITY-ST-ZIP	LANTAN					1.3 STREET		1000	S. F. WORT	11 EI	7117	241.0			
TITLE	ייייייייייייייייייייייייייייייייייייייי	M I'L	·	Пр	ELETE	1.4 CITY-S 2.1 TITLE	I-ZIP	MIKE	MOKI	H, FL	.,	340C	☐ Change	Addition	
NAME				٠ ـ		2.7 NAME							☐ Change	L Abbilion	
STREET ADDRESS						23 STREET	ADDRESS					1		ļ	
CITY-ST-ZIP	ļ					2.4 CITY-5									
TITLE	<del></del>				ELETE	3.1 TITLE	11-21		· · · · · · · · · · · · · · · · · · ·				Change	Addition	
NAME						3.2 NAME								LLI FIGURE	
STREET ADDRESS						3.3 STREET	ADDRESS								
CITY-ST-ZIP						3.4. CITY - S									
TITLE				□ D	ELETE	4.1 TITLE							Change	Addition	
NAME						4. 2 NAME									
STREET ADDRESS						4.3 STREET	ADDRESS								
CITY-ST-ZIP	1					4.4 CITY-S	T-71P								
YITLE				□ Di	ELETE	5.1 TITLE						-	Change	Addition	
NAME						5.2 NAME	- 1						•		
STREET ADDRESS						5.3 STREET	ADDRESS								
CITY-ST-ZIP						5.4 CITY - S									
TITLE		<del></del>		□ DI	ELETE	6.1 TITLE							☐ Change	Addition	
NAME						6.2 NAME							•		
STREET ADDRESS						6.3 STAEET	ADDRESS								
CITY-ST-ZIP						6.4 CITY-S	1-21P							İ	
14. I bereby o	certify that the	a information sun	nlied with th	nie filina dage nat	qualify for t			d in Coati	on 440 07/31	ii. Elevido C	****		-414 41 4 Al	ta ta incident	

indicated on this annual report or supplied with this limit does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplieriental annual report is true and cerurate and that my signature shall have the same legal effect as if made under eath; 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:

EILEEN FORROW

4/1/98

561-587-7707