

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P93000051338**

1. Corporation Name

**EFFICIENCY SYSTEMS, INC.**

Principal Place of Business

**5116 WEST LONGFELLOW AVENUE  
TAMPA FL 33629-7534**

Mailing Address

**5116 WEST LONGFELLOW AVENUE  
TAMPA FL 33629-7534**

**FILED**  
**Jul 22, 1999 8:00 am**  
**Secretary of State**

07-22-1999 90012 018 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/19/1993**

4. FEI Number

**65-0494275**

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 owes the current year  
Intangible Personal Property.



Yes



No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

**PO BOX 10338**

**TAMPA, FL**

**33629**

9. Name and Address of Current Registered Agent

**EIKMAN, EDWARD A  
5116 WEST LONGFELLOW AVENUE  
TAMPA FL 33629-7534**

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **EIKMAN, EDWARD A.**  
STREET ADDRESS **5116 WEST LONGFELLOW AVENUE**  
CITY-ST-ZIP **TAMPA FL**

TITLE **T** ☐ DELETE

NAME **EIKMAN, E A**  
STREET ADDRESS **549 SUWANNEE CIR**  
CITY-ST-ZIP **TAMPA FL 33606**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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.

SIGNATURE:

**G. SIGNATURE OF E. ALLAN EIKMAN (TREASURER) 7/18/99 813-251-5550**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

0088818

**EFFICIENCY SYSTEMS, INC.**

593762-90012-18  
P93000051338

July 16, 1999

Katherine Harris / Secretary of State  
Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Dear Katherine Haris:

Enclosed, please find the corporate reports for Advanced Biomedical Reaserch, Inc. (FEI# 59-2894338) and Efficiency Systems, Inc. (FEI# 65-0494275). Unfortunately, we did not receive the first notifications to file these reports. I have enclosed a check for each of the original filing fees for each company and ask that you please waive the penalty for filing at this time. I greatly appreciate your consideration in this matter.

Thank you,



E. Allan Eikman