

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000058220 (3)

1. Corporation Name
EFB PROMOTIONS, INC.



Principal Place of Business
 6641 N.W. 4TH COURT
 PLANTATION FL 33317

Mailing Address
 10100 W SAMPLE RD
 STE 314
 CORAL SPRGS FL 33065
 US

3. Date Incorporated or Qualified 08/19/1993
3a. Date of Last Report 01/30/1995

4. FEI Number 65-0430569
 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

2. Principal Place of Business
 21 **698 NW 90 TERR.**
 Suite, Apt. #, etc.

2a. Mailing Address
 26 **698 NW 90 TERR.**
 Suite, Apt. #, etc.

22 City & State
 23 **PLANTATION, FL**

27 City & State
 28 **PLANTATION, FL**

24 Zip **33324** **25** Country **BROWARD**
29 Zip **33324** **30** Country **BROWARD**

9. Name and Address of Current Registered Agent
RUF, ROBERT J
6641 N.W. 4TH COURT
PLANTATION FL 33317

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
698 NW 90 TERRACE

83

84 City **PLANTATION** **FL** **85** Zip Code **33324**

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 _____ (NOTE: Registered Agent signature required when reappointing.)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	RUF, ROBERT J	
STREET ADDRESS	6641 NW 4TH CT	
CITY - ST - ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

<input type="checkbox"/> Change <input type="checkbox"/> Addition
11 TITLE
12 NAME
13 STREET ADDRESS 698 NW 90 TERRACE
14 CITY - ST - ZIP PLANTATION, FL 33324
<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE
62 NAME
63 STREET ADDRESS
64 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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **6/14/96** **954-474-1933**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)