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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **P96000022008**1. Corporation Name

EFD EVENTS, INC.

Principal Place of Business

Mailing Address

## FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90206 018 \*\*\*150.00



113 NO FEDERAL HIGHWAY DANIA FL 33004		113 NO FEDERAL HIGHWAY DANIA FL 33004						
					DO NOT WRITE IN THIS	SPACE		
					3. Date Incorporated or Qualifed 03/07/1996			
Principal Place of Business     2a, Mailing Addre					4. FEI Number	- I-i-	pplied For	
21		26			65-0653594		lot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country Zip Cou				This corporation owes the current year Inta Personal Property Tax.	ngjole V Yes	□No	
24 25 29 30 30 9. Name and Address of Current Registered Agent					10. Name and Address of New Registered	gent		
	•		81	Name				
ADAMS, GERALD J 113 NO FEDERAL HIGHWAY			82	Street A	Address (P.O. Box Number is Not Acceptable)	<del></del>		
	IA FL 33004		83					
			00		<u> </u>			
			84	City	FL		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 ager	and title if applicable. (NOTE: Re	gistered Ager	t signature re	equired when reinstating) DATE	<del></del>		
12. OFFICERS AND DIRECTORS 13					ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	ORS IN 12	
TITLE	PVST	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition	
NAME	DALTON, ELLEN L		1.2 NAME					
STREET ADDRESS	477 SE 14TH STREET		1.3 STREE	ADDRESS				
CITY+ST-ZIP	DANIA FL 33004		1.4 CITY-S	Γ-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE			Change	☐ Addition	
NAME	DALTON, ELLEN L		2.2 NAME				ļ	
STREET ADDRESS	477 SE 14TH STREET		2.3 STREE	ADORESS				
CiTY-ST-ZIP	DANIA FL 33004		2. 4 CMY-5	T- ZIP				
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition	
NAME			3.2 NAME				ł	
STREET ADDRESS			3.3 STREE	ADDRESS				
CITY+ST-ZIP			3.4. CITY-5	T-ZIP				
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	ADDRESS				
CITY-ST-ZIP			4.4 CITY-S	r-zip				
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition	
NAME I			5.2 NAME					
STREET ADDRESS			5.3 STREE	ADDRESS				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE	i		Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	ADDRESS			ļ	
CITY-ST-7IP			6.4 C(TY-S	T-ZIP				

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, with all other like empowered.

SIGNATURE: