SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000057910 (7)

E.F.S. & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

1901 \$ HARBOR BLVD STE 500 MELBOURNE FL 32901

1901 S HARBOR BLVD STE 500 MELBOURNE FL 32901 FILED Jul 28 1997 8:00am Secretary of State



MELBOURNE FL 32901	MELBOURNE FL 32901		DO NOT WRITI	E IN THIS SPACE
			3. Date Incorporated or Qualified 07/10/1996	3a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address	. ^	4. FEI Number	Applied For
21 400 W. Airport Drive		port Driv	<u>(e 59-33877</u>	Not Applicable
Suite, Apt. #, etc.	Suite, Apl. #, etc.	•	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Sebastian, FL	28 Saloudtian	<u>, FL</u>	Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has pa	aid the current year Intangible
24 32958 25		30	Personal Property Tax due June	
9. Name and Address of Currer	nt Registered Agent		10, Name and Address of New Re	egistered Agent
CAPITAL CONNECTION, INC.		B1 Name		
417 E. VIRGINIA ST.		82 Street	Address (P.O. Box Number is Not Accepta	ble)
STE. 1				
TALLAHASSEE FL 32301-1283		83		
		84 City		85 Zip Code
		1 '		FLII'
 Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State 	eol Florida. Such change was a	uthorized by the cor	corporation submits this statement for the poration's board of directors. I hereby acce	purpose of changing its registered of the appointment as registered
agent. I am familiar with, and accept the oblig SIGNATURE	ations of, Section 607,0505, Flor	rida Statutes.		
Signature, typed or printed name of registered age	ont and little if applicable (NOTE	Registered Agent signature	e required when reinstaring)	DATE
	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE SP	DELETE	1.5 TITLE	DP	Change Addition
	brew	1.2 NAME	GRIMWADE, ANDREW	
STREET ADDRESS 8300 U.S. HW	1 Y /	1.3 STREET ADDRESS	8300 U.S HWY1	
CITY-ST-ZIP MICCO, F. 33	ط 192	1.4 CHY-ST-7IP	MICCO, FL 32976	2
TITLE V3T	☐ DELETE	2 1 TITLE	V5T	☐ Change ☐ Addition
NAME GRIMWADE AND	srew	2.2 NAME	GRIMWADE, ANDRON	J
STREET ADDRESS B300 U.S AW	IY \	2.3 STREET ADDRESS	8300 US HWY 1	
CITY-ST-ZIP MICCO, FL 32	<u> </u>	2. 4 CITY - ST - ZIP	MICCO FL 32971	<u></u>
TITLE	☐ DELETE	3.1 THLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
City-St-ZIP		3.4 CITY-\$1-ZIP		
TITLE	☐ DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
City-St-ZIP		4.4 CITY - ST - ZIP		
TITLE	DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME	1	-
STREET ADDRESS		5.3 STREET ADDRESS	1	
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-S1-ZIP		
	d with this filing does not qualify	for the exemption s	I stated in Section 119.07(3)(i), Florida Statute I that my signature shall have the same legs	es. I further certify that the
I am an officer or director of the corporation or appears in Block 12 or Block 13 if changed, or	the receiver or trustee empower in an attachment with an addr	ered to execute this ress.	report as required by Chapter 607, Florida S	meneor as in made under path; that statutes; and that my name

DE DEMINEDEN