FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997

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

FILED
97 MAY 13 AM 10:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000077425

1. Corporation Name: EFK PROPERTIES, INC.

Principal Place of Business: 5701 N. Pine Island Rd. Suite 250 Tamarac FL 33321

Mailing Address: P.O. Box 26323 Tamarac, FL 33320

3. Date Incorporated or Qualified: 9/16/96
3a. Date of Last Report: N/A

2. Principal Place of Business:
21. 5701 N. Pine Island Rd.
22. Suite, Apt. #, etc.: 250
23. City & State: Tamarac, FL
24. Zip: 33321
25. Country: USA

2a. Mailing Address:
26. P.O. Box 26323
27. Suite, Apt. #, etc.:
28. City & State: Tamarac, FL
29. Zip: 33320
30. Country: USA

4. FEI Number: 65-0696526 ☐ 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

9. Name and Address of Current Registered Agent

JAY EISENBERG
5701 N. Pine Island Rd. #250
Tamarac, FL. 33320

10. Name and Address of New Registered Agent

31. Name
32. Street Address (P.O. Box Number is Not Acceptable)
33.
34. City FL
35. 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PRES. NAME: JAY EISENBERG STREET ADDRESS: PO Box 26323, N/A 5701 N. Pine Island Rd. CITY-ST-ZIP: Tamarac, FL 33320	☐ DELETE	☐ Change ☐ Addition
TITLE: V.P. NAME: RICHARD HIRSH STREET ADDRESS: 469 W. 83rd St. CITY-ST-ZIP: Hialeah, FL 33014	☐ DELETE	☐ Change ☐ Addition
TITLE: TREAS. NAME: Leslie Feur STREET ADDRESS: 469 W. 83rd St. CITY-ST-ZIP: Hialeah, FL 33014	☐ DELETE	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	☐ Change ☐ Addition

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CR2E034 (2/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(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: [signature] (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) 5/11/97 (Date) 954-720-5558 (Daytime Phone #)