

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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90013 028 ***150.00

DOCUMENT # P96000077425

1. Corporation Name
EFK PROPERTIES, INC.

Principal Place of Business
5701 N PINE ISLAND ROAD STE 250
FT LAUDERDALE FL 33321

Mailing Address
~~PO BOX 26323~~
TAMARAC FL 33320

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1996

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 9728 West Sample Rd.
Suite, Apt. #, etc.

2a. Mailing Address

26 9728 W. Sample Rd.
Suite, Apt. #, etc.

City & State

23 Coral Springs, FL

City & State

28 Coral Springs, FL

Zip

24 33065

Country

25 USA

Zip

29 33065

Country

30 USA

9. Name and Address of Current Registered Agent

EISENBEG, JAY
5701 N PINE ISLAND ROAD STE 250
TAMARAC FL 33320

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 P ☐ DELETE

NAME EISENBERG, JAY

STREET ADDRESS ~~P O BOX 26323 N/A 5701 N PINE ISLAND DR~~

CITY-ST-ZIP ~~TAMARAC FL 33320~~

TITLE VP ☐ DELETE

NAME KIRSH, RICHARD

STREET ADDRESS 469 W 83 STREET

CITY-ST-ZIP HIALEAH FL 33014

TITLE T ☐ DELETE

NAME FIUR, LESLIE

STREET ADDRESS 469 W 83 STREET

CITY-ST-ZIP HIALEAH FL 33014

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

9728 W. Sample Rd
Coral Springs, FL 33065

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED JAY EISENBERG

1/4/99

954-755-1212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0175851

CR2E034 (11/98)