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 # P98000100868 1. Corporation Name

E.F.M. INC.

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90228 041 ***150.00



Deinsinal Diasa	of Dunings	Mailing Address							
Principal Place of Business Mailing Address									•
7435 WOODLAND CREEK LANE 7435 WOODLAND CREEK LANE LAKE WORTH FL 33467 LAKE WORTH FL 33467			E			DO NOT WRI	TE IN THIS	SPACE	
						3. Date Incorporated or Qualifed			
						11/30/1998	_		
2. Principal Pl	2a. Mailing Address				4. FEI Number		Ar	pplied For	
21		26				65-0884009		No.	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	⊢				. Certifcate of Status Desired \$8.75 Additional Fee Required		
City & State	е	City & State	,			Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes the cur	ent year int	tangible	
24	25	29 3	10			Personal Property Tax.	0	Yes	□No
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New I	Registered	Agent	
				81	Name				1
	, RICHARD L		-	82	Street Ad	dress (P.O. Box Number is Not Accept	able)		
	WOODLAND CREEK LANE						, 		
LAKE	WORTH FL 33467			83				,	,
			}	84	City		•	85 Zip	Code
				64	City		FL	_	
office or re	egistered agent, or both, in the Sta	502 and 607.1508, Florida Statutes te of Florida. Such change was aut gations of; Section 607.0505, Floric	norizea	Dy t	ine corpora	rporation submits this statement for the tion's board of directors. I hereby acce	pt the appoi	intment as re	agistered
DIGHTATORE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE: F		Agent	t signature requ	ired when reinstating)	DATE		
12.	OFFICERS	AND DIRECTORS 13.				ADDITIONS/CHANGES TO OF	FICERS AF	Change	Addition
TITLE		☐ DELETE	1.† TIT			thesident " " + "		☐ Citatige	Addition
NAME			1.2 NA		1	Exchano L. Dolk neer In.			•
STREET ADDRESS			1.3 STI	REET.	ADDRESS 1	435 WOOD LAND CYCEL LN.			
CITY-ST-ZIP			1.4 CIT			RIGHOMAN 1-1 33467		Change	Addition
TITLE		☐ DELETE	2.1 TIT	LÉ	Ŋ	ice Prosinant " V	,	☐ Change	, (32) Addition
NAME			2.2 NA		1 !!	build D'Onofrio			}
STREET ADDRESS			2.3 STI	REET	ADDRESS .	7394 93Rd N.			
CITY-ST-ZIP			2. 4 Cl		T-ZIP L	oxahatchee 1-1 334/0.		Channe	☐ Addition
TITLE		☐ DELETE	3.1 TIT	LE	Ę	recretary, "S		Change	☐ Addition
NAME			3.2 NA	ME	K	Icharo L. Dolk			.]
STREET ADDRESS			3 3 STI	REET	ADDRESS 7	435 Naroland Creck ha			
CITY-ST-ZIP			34 CI		T+ZIP	MILE WORTH FL 33467	7/		☐ Addition
TITLE		☐ DELETE	4,1 TIT	LΕ	1	reasurer.		Change	
NAME			4. 2 NA		K	ichera Dolk			
STREET ADDRESS	·		4.3 STI	REET	ADDRESS 7	135 Wood and Creek Lar-		~	
CFTY-ST-ZIP			4.4 CIT		r-zip L	we Word F 33467			
TITLE		☐ DELETE	5.1 TIT		1			Change	☐ Addition
NAME			5.2 NA		-				
STREET ADDRESS			5.3 STI	REET	ADORESS				
CITY-\$T-ZIP			5.4 CIT		r-ZIP				
TITLE		☐ DELETE	6.1 TIT					Change	☐ Addition
NAME			6.2 NA						
STREET ADDRESS			6.3 STI	REET	ADDRESS				

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 febort as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if engred, or on an attachment with an address with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: