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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000102243

1. Corporation Name
EFS INVESTMENTS, INC.

Principal Place of Business	Mailing Address
THERREL BAISDEN, P.A. ONE S.E. 3RD AVENUE #2400 MIAMI FL 33131	THERREL BAISDEN, P.A. ONE S.E. 3RD AVENUE #2400 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/07/1998

2. Principal Place of Business	2a. Mailing Address
21 612 SE 5th Avenue	26 612 SE 5th Avenue
Suite, Apt. #, etc. 22 Suite #4	Suite, Apt. #, etc. 27 Suite #4
City & State 23 Ft Lauderdale Fla	City & State 28 Ft Lauderdale Fla
Zip 24 33301 Country 25	Zip 29 33301 Country 30

4. FEI Number: 65-0888732 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

9. Name and Address of Current Registered Agent

DANIELS, NICHOLAS M ESQ.
THERREL BAISDEN, P.A.
ONE S.E. 3RD AVENUE #2400
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: James D. Evans
82 Street Address (P.O. Box Number is Not Acceptable): 612 SE 5th Avenue
83 Suite #4
84 City: Ft Laud, FL 85 Zip Code: 33301

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: James D. Evans PRESIDENT 2/2/99
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	D	☐ DELETE	1.1 TITLE	DP	☐ Change ☒ Addition
NAME	EVANS, JAMES D		1.2 NAME		
STREET ADDRESS	612 S.E. 5TH AVENUE		1.3 STREET ADDRESS	612 SE 5th Avenue Suite #4	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE	DVP	☐ Change ☒ Addition
NAME			2.2 NAME	Evans, Marilyn A.	
STREET ADDRESS			2.3 STREET ADDRESS	612 SE. 5th Avenue Suite #4	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Ft Laud, Fla 33301	
TITLE		☐ DELETE	3.1 TITLE	T	☐ Change ☒ Addition
NAME			3.2 NAME	Moore, Harriette	
STREET ADDRESS			3.3 STREET ADDRESS	612. SE 5th Avenue Suite #4	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Ft Laud, Fla 33301	
TITLE		☐ DELETE	4.1 TITLE	S	☐ Change ☒ Addition
NAME			4.2 NAME	Amaro, Nicholas	
STREET ADDRESS			4.3 STREET ADDRESS	612 SE 5th Avenue Suite #4	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Ft Laud, Fla 33301	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
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-ST-ZIP		

CR2E034 (11/98)

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: James D. Evans 2/2/99 (305) 666-9264
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #