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Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90034 043 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 828160 ✓ (2)

1. Corporation Name
 E & F Agency, Inc.

Principal Place of Business: 28833 Telegraph Southfield, MI 48034 US
 Mailing Address: 28833 Telegraph Southfield, MI 48034 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/20/1972
 4. FEI Number: 38-1850165 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
 2a. Mailing Address: 26
 Suite, Apt. #, etc.: 22
 City & State: 23
 Zip: 24 Country: 25
 Suite, Apt. #, etc.: 27
 City & State: 28
 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Don W. Hoemke
 7760 PINE TRACE DR.
 SARASOTA, FL 34243

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: D. W. Hoemke
 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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fretter, Elma M.	1.2 NAME	
STREET ADDRESS	28833 Telegraph	1.3 STREET ADDRESS	
CITY-ST-ZIP	Southfield, MI	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fretter, LAURA	2.2 NAME	
STREET ADDRESS	28833 Telegraph	2.3 STREET ADDRESS	
CITY-ST-ZIP	Southfield MI	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fretter, Elma M.	3.2 NAME	
STREET ADDRESS	28833 Telegraph	3.3 STREET ADDRESS	
CITY-ST-ZIP	Southfield MI	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fretter, LAURA	4.2 NAME	
STREET ADDRESS	28833 Telegraph	4.3 STREET ADDRESS	
CITY-ST-ZIP	Southfield MI	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fretter, O. L.	5.2 NAME	
STREET ADDRESS	28833 Telegraph	5.3 STREET ADDRESS	
CITY-ST-ZIP	Southfield, MI	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *O. Fretter*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-24-99 Date
 2483538543 Daytime Phone #

CR2E034 (1/98)