

## CONSTRUCTIVE WORK OF EFUEL EFN CORPORATION MANAGEMENT AND BOARD OF DIRECTORS

Wildwood Florida June 15, 2016. The company providing information to investors in reference to following events that has been taking place within the last year and currently active.

1. Company purchased Hotel Marion with enthusiastic hope, but company management was stuck with regulations, heavy scrutinizes by local authorities with taxation, rise of operative cost, and decline of sales, that had resulted to close hotel business for same time. Also, local government, city county and US Bank stole Hotel from EFUEL EFN CORPORATION.

2. The management posted to OTC Market 2015 ANNUAL REPORT, and financial report with negative net income to the shareholders. In the 1<sup>st</sup> quarter of 2016 company financial explains detailing accounting information on company activities with out an confusing understanding. The 2<sup>nd</sup> quarter of 2016, so far showing 300% increase in net income. Also, company working on \$ 35,000,000 .00 construction loan for one CTM (Cherokee Trading Mall) project with [BB@T BANK](#)..

3. The company management working on acquisition additional profitable asset. The eFUEL EFN CORPORATION has over \$14,000,000.00 in assets.

4. We have hired property manager for Georgia assets holdings. Mr. George Jonson has been for many years in real estate business and has great experience in land development.

5. The company looking to negotiate purchases residential land designed for 160 condominiums units and appropriate construction loan an \$6,000,000 to complete residential complex. That can have value of \$16,000,000 in sales.

6. eFUEL EFN CORPORATION looking to employ a Project Construction Manager for CHEROKEE TRADING MALL. The interested person should send Résumé to eFUEL EFN CORPORATION, 1212 S. Maine St. Wildwood, Florida 34785 USA.

7. The company working to find investments or finances for four construction projects ( CHEROKEE TRADING MALL) in amount of \$160,000,000. To do construction projects in Florida, Georgia, Indiana and Ohio.

8. In January 2017 the company will have Board of Directors election. The shareholders who have 50,000,000 or more are welcome to write company and express interest in position.

The activities are current and present company work in very competitive market to find complimentary investors to support company goals. Shareholders should not look on fast back, it should look into the company long term objectives. The management is very optimistic about the company future and 2016 will be a prosperous year for eFUEL EFN CORPORATION.

The additional information you can find in OTC filings, websites [www.efuelefncorporation.com](http://www.efuelefncorporation.com) and [www.efuelefn.com](http://www.efuelefn.com) or email to: [efuelefn@yahoo.com](mailto:efuelefn@yahoo.com).

This press release information contains certain forward looking statement with the meaning of Section 27A of Securities Act 1933 as amended, and Section 21E of the Securities Exchange Act 1954 which are intended to be covered by the safe harbors created in connection with that investors are cautioned that all Forwarding statements involve risks and uncertainties including eFUEL EFN CORPORATION.

eFUEL EFN CORPORATION

Ljubica Stefanovic, President

1212 S. Main St Sut. B.

Wildwood, Florida 34785 USA





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/4/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Britton-Gallagher and Associates, Inc. One Cleveland Center, Floor 30 1375 East 9th Street Cleveland OH 44114		<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> 216-658-7100 <b>FAX (A/C, No):</b> 216-658-7101 <b>E-MAIL ADDRESS:</b> info@brittongallagher.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Everest Indemnity Insurance Co.	
		<b>INSURER B:</b>	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES** **CERTIFICATE NUMBER:** 348546048 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> \$2500 Deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC			S18GL00655-151	12/1/2015	12/1/2016	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A						WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Additional Insured extension of coverage is provided by above referenced General Liability policy where required by written agreement.  
CHEROKEE TRADING POST  
SLAVOLJUB STEFANOVIC

<b>CERTIFICATE HOLDER</b> CHEROKEE TRADING POST SLAVOLJUB STEFANOVIC 1212 SOUTH MAIN STREET WILDWOOD, FL 34785	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. <b>AUTHORIZED REPRESENTATIVE</b> 
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**FIREWORKS!**

**20% OFF** Your **ENTIRE** firework purchase with this **Coupon**.  
Now through July 4th.

**CHEROKEE TRADING POST**  
has all you need to celebrate the 4th of July.  
Ariels, showers, firecrackers, rockets, sparklers,  
assortment packs, and more!  
**AND HAVE FREE COFFEE**

Located on 301, just off the turnpike.  
1212 South Main Street, Wildwood, FL 34785;  
**352-504-1614**

LF-D028005

☐ **PROOF O.K. BY:** \_\_\_\_\_ ☐ **O.K. WITH CORRECTIONS BY:** \_\_\_\_\_

**PLEASE READ CAREFULLY • SUBMIT CORRECTIONS ONLINE**

**LF-D028005 (100%)**

ADVERTISER: CHEROKEE TRADING POST ST

SALES PERSON: LFD106

SIZE: 2X3

PUBLICATION: LF-NEIGHBORS

PROOF CREATED AT: 6/13/2016 6:29:39 AM

NEXT RUN DATE: 06/23/16

PROOF DUE: 06/16/16 12:59:55



[illegible]

No. 2708944

COVERAGE IS NOT EFFECTED BY THIS DOCUMENT AND MAY BE RENDERED ONLY BY AN AUTHORIZED REPRESENTATIVE OF THE INSURER

1212 S MAIN ST STE B  
WILDWOOD FL 34785

ROBERT BLAKELEY INSURANCE  
AGENCY  
27405 US HWY 27  
SUITE 117  
LEESBURG FL 34748  
Fax: (352) 314-3770

Name of Insurer(s)	
SCOTTSDALE INSURANCE COMP	100%

Proposed Policy Effective Date: 05-13-16  
Proposed Policy Expiration Date: 05-13-17

COVERAGE	COMMERCIAL PACKAGE	
	**NON-ADMITTED CARRIER**	
PERILS	GENERAL LIABILITY - OCCURRENCE FORM	
	PROPERTY- SPECIAL FORM EXCLUDING QUAKE, FLOOD & THEFT	
LIMITS	\$2,000,000	GENERAL AGGREGATE
	\$2,000,000	PRODUCTS/COMPLETED OPERATIONS AGGREGATE
	\$1,000,000	PERSONAL & ADVERTISING INJURY
	\$1,000,000	EACH OCCURRENCE
	\$ 100,000	DAMAGE TO PREMISES RENTED TO YOU
	\$ 5,000	MEDICAL PAYMENTS
	\$ 500,000	BUILDING, #1/1
	\$1,200,000	BPP, #1/1
	\$ 260,000	BI/EE, #1/1
	\$ 200,000	BUILDING, #1/2
	\$ 100,000	BPP, #1/2
	\$ 40,000	BI/EE, #1/2

THE ATTACHED PROPERTY EXTENSION IS INCLUDED

(continued on page 2)

Surplus Lines Tax	\$755.30	Policy Fee	\$35.00	PREMIUM	\$14,921.00
Service Fee	\$22.66	Inspection Fee	\$150.00	FEEs	\$189.00
		FL Catastrophe Fee	\$4.00	TAXES	\$777.96
		Commission:	10.00%	TOTAL	\$15,887.96

This proposal is based on information provided by you and the coverage and terms being offered may not be the same or as broad as requested in your application. Please review carefully and advise us immediately if you have any questions.

NOTE: WE CANNOT BIND COVERAGE WITHOUT THE CONSENT OF THE INSURER. COVERAGE IS NOT EFFECTED UPON YOUR ORDER TO BIND, BUT UPON OUR CONFIRMATION TO YOU THAT COVERAGE HAS INDEED BEEN BOUND BY THE INSURER.

Thank you for the opportunity to make this proposal to the prospective insured.

Date May 13, 2016

Agent Conv

Contact: KRISTEN MYERS-CONCH

DEDUCTIBLE \$0 BI/PD PER CLAIM INCLUDING LAE  
\$1,000 AOP DEDUCTIBLE EXCLUDING THEFT EXCEPT  
1% WIND/HAIL DEDUCTIBLE

VALUATION 13506 S) \$228,000  
16901 S) \$72,000  
RCV; 80% COINSURANCE

LOCATIONS 1) 1212 S MAIN STREET, SUITE B, WILDWOOD, FL 34785  
2) 1212 S MAIN STREET, SUITE A, WILDWOOD, FL 34785

SUBJECT TO 1] BASED ON NO LOSSES  
2] FAVORABLE INSPECTION  
3] NO ALUMINUM WIRING  
4] BASED ON NO ALCOHOL/BEER/WINE SALES  
5] BASED ON NO ENTERTAINMENT  
6] BASED ON ON GASOLINE SALES  
7] THEFT IS SUBJECT TO AN ACTIVE CENTRAL STATION BURGLAR ALARM  
8] ACCEPTABLE SUPPLEMENTAL  
9] Warrant: Automatic Extinguishing Systems over all cooking  
surfaces that is operational and maintained by semi-annual  
professional cleaning contract.  
10] REQUIRED TO BIND COVERAGE:  
-COMPLETE, UPDATED, SIGNED ACORD APPLICATIONS  
-SIGNED TRIA FORM  
-SIGNED SURPLUS LINES DISCLOSURE FORM  
-COMPLETED SUPPLEMENTAL APPLICATION (ATTACHED)  
-CONFIRMATION THAT APPLICANT HAS AN ACTIVE CENTRAL STATION  
BURGLAR ALARM. IF NONE, THEFT IS EXCLUDED.

FORMS, ENDORSEMENTS AND EXCLUSIONS LISTED BELOW BUT NOT LIMITED TO:  
(The policy will be issued with carrier mandated forms and the ISO form  
editions in use by the carrier at the time of binding)

UTS-COVPG Cover Page (SIC)  
OPS-D-1 Common Policy Declarations (Do not use CLS-D-1)  
CLS-SD-1 Commercial General Liability Coverage Part Supplemental  
Declarations  
CLS-SP-1L Commercial General Liability Coverage Part Extension of  
Supplemental Declarations (for automated systems)  
UTS-SP-3 Schedule of Locations (required for automated systems)  
UTS-278g Company Telephone Number  
CG 00 01 Commercial General Liability Coverage Form  
CG 00 68 Recording and Distribution of Material or Information in Violation  
of Law Exclusion (Not required with 04-13 edition of CG 00 01)  
CG 24 26 Amendment of Insured Contract Definition  
GLS-289s Known Injury or Damage Exclusion-Personal and Advertising Injury

UTS-365s Amendment of Nonpayment Cancellation Condition  
UTS-246s Amendatory Endorsement  
UTS-29 FL Florida Changes Cancellation & Non-Renewal  
UTS-128s Optional Provisions Endt  
CPS-SD-1 Commercial Property Coverage Part Supplemental Declarations  
CP 00 10 Building & Personal Property Coverage Form  
CP 00 90 Commercial Property Conditions  
CP 02 99 Cancellation Changes (or state equivalent if required by surplus  
lines law)  
CP 01 40 Exclusion of Loss Due to Virus or Bacteria  
(continued on page 3)



SCFS-68s-FL  
CFS-68s-FL Florida Changes  
IL0401 Florida Sinkhole Loss Coverage  
UTS-29 FL Florida Changes - Cancellation & Non-Renewal  
NOTS0381FL Florida Policy Holder Notice  
CFS-103-FL Sewer and Drain Definition Endorsement - Florida  
UTS-183g Windstorm or Hail Deductible  
FS-18 Total or Constructive Loss Clause

CP1030 CAUSES OF LOSS - SPECIAL FORM  
CP0030 BUSINESS INCOME WITH EXTRA EXPENSE  
IL0415 PROTECTIVE SAFEGUARDS-Automatic Extinguishing Systems over all  
cooking surfaces that is operational and maintained by semi-annual  
professional cleaning contract  
CP1211 BURGLARY AND ROBBERY PROTECTIVE SAFEGUARD - ACTIVE CSA  
CG 21 01 Athletic or Sports Participants Exclusion  
CG 21 44 Limitation of Coverage to Designated Premises or Project  
CG 24 07 Products/Completed Operations Hazard Redefined  
GLS-106s Total Liquor Liability Exclusion  
GLS-445s Tobacco or Nicotine Products Health Hazard Exclusion

IMPORTANT NOTICE: FEDERAL TERRORISM ACT OF 2002

You are hereby notified that under the Terrorism Risk Insurance Act of 2002 the policyholder must elect or decline this coverage. The additional premium to add this coverage is \$746 plus tax/fees. At the time of binding we must have the attached form signed by the policyholder.

TRIA Forms:

CG 21 70 (If insured ACCEPTS Terrorism Coverage) Cap on Losses from  
Certified Acts of Terrorism  
IL 09 85 (Required if Insured ACCEPTS Terrorism Coverage) Disclosure

Pursuant to Terrorism Risk Insurance Act

CG 21 73 (If insured REJECTS Terrorism Coverage) Exclusion of Certified Acts  
of Terrorism

SUBJECT TO:

- 1) COMPLETED ORIGINAL APP SIGNED BY INSURED
- 2) SATISFACTORY INSPECTION
- 3) WRITTEN ORDER TO BIND / SURPLUS LINES DISCLOSURE FORM
- 4) PREMIUM IS 25% MINIMUM EARNED IF INSURED CANCELS
- 5) PREMIUM IS MINIMUM & DEPOSIT, SUBJECT TO AUDIT BASED ON: SEE VALUATION
- 6) ALL POLICY FEES AND INSPECTIONS FEES ARE FULLY EARNED AND NON REFUNDABLE
- 7) NO FLAT CANCELLATIONS
- 8) MUST HAVE SIGNED APPLICATIONS, SIGNED TRIA FORM AND SURPLUS LINES  
DISCLOSURE FORM TO BIND COVERAGE
- 9) THIS QUOTE IS VALID UNTIL 12:01AM ON 6/12/16  
IF MACDUFF UNDERWRITERS HAS NOT RECEIVED A RESPONSE BY THIS DATE, WE  
WILL CONSIDER THIS QUOTE CLOSED AND WILL CLOSE OUR FILE ACCORDINGLY WITH  
NO COVERAGE BOUND.
- 10) AGENT NOT AUTHORIZED TO ISSUE BINDER WITHOUT CARRIER PRIOR APPROVAL.  
PLEASE REVIEW CAREFULLY AS TERMS MAY DIFFER FROM THOSE IN YOUR  
SUBMISSION.

\*\*\*\*\*PLEASE BE SURE TO CHECK THE CARRIER'S CURRENT A.M. BEST RATING TO  
(continued on page 4)

\*\*\*\*\*SATISFY YOU AND YOUR CLIENT'S INTERESTS.\*\*\*\*\*  
\*\*\*\*\*CURRENT A.M. BEST RATING CAN BE FOUND AT AMBEST.COM\*\*\*\*\*

**MacDuff Underwriters, Inc.**

1717 N. Clyde Morris Blvd, Suite 120

Daytona Beach, FL 32117

Phone (386) 366-6300 \* Fax (386) 366-6303

**QUOTATION**

No. 2708474

COVERAGE IS NOT EFFECTED BY THIS DOCUMENT AND MAY BE RENDERED ONLY BY AN AUTHORIZED REPRESENTATIVE OF THE INSURER

Named Insured:  
EFUEL EFN CORP1212 S MAIN ST STE B  
WILDWOOD FL 34785ROBERT BLAKELEY INSURANCE  
AGENCY  
27405 US HWY 27  
SUITE 117  
LEESBURG FL 34748  
Fax: (352) 314-3770Name of Insurer(s)  
MOUNT VERNON FIRE INS. CO. 100%Proposed Policy Effective Date: 05-05-16  
Proposed Policy Expiration Date: 05-05-17

COVERAGE	LIQUOR LIABILITY **NON-ADMITTED CARRIER**
PERILS	OCCURRENCE FORM
LIMITS	\$1,000,000/\$2,000,000
DEDUCTIBLE	N/A
VALUATION	**SEE ATTACHED QUOTE**

SUBJECT TO

- 1] BASED ON NO PRIOR LOSSES
- 2] IMPORTANT! THIS QUOTE IS BASED ON ACCEPTABLE RESPONSES TO ALL CARRIER WARRANTIES/SUBJECTIVITIES PER CARRIER QUOTE ATTACHED. RESPONSES MAY CHANGE PREMIUM AND/OR ACCEPTABILITY.  
\*\*PLEASE REVIEW CAREFULLY AND ADVISE PRIOR TO BINDING\*\*
- 3] REQUIRED TO BIND COVERAGE:  
-FULLY COMPLETED, SIGNED ACORD APPLICATIONS  
-SURPLUS LINES DISCLOSURE FORM  
-COMPLETED SUPPLEMENTAL (ATTACHED)

(continued on page 2)

	PREMIUM	\$386.00
	Policy fee-XCA	\$35.00
	Surplus Lines Tax	\$21.05
	Service Fee	\$.63
Commission: 10.00%	TOTAL	\$442.68

This proposal is based on information provided by you and the coverage and terms being offered may not be the same or as broad as requested in your application. Please review carefully and advise us immediately if you have any questions.

NOTE: WE CANNOT BIND COVERAGE WITHOUT THE CONSENT OF THE INSURER. COVERAGE IS NOT EFFECTED UPON YOUR ORDER TO BIND, BUT UPON OUR CONFIRMATION TO YOU THAT COVERAGE HAS INDEED BEEN BOUND BY THE INSURER.

Thank you for the opportunity to make this proposal to the prospective insured.

Date May 4, 2016

Authorized Representative:



FORMS, ENDORSEMENTS AND EXCLUSIONS LISTED BELOW BUT NOT LIMITED TO:  
(The policy will be issued with carrier mandated forms and the ISO form editions in use by the carrier at the time of binding)

\*\*SEE ATTACHED QUOTE\*\*

\SUBJECT TO:

- 1) COMPLETED ORIGINAL APP SIGNED BY INSURED
- 2) SATISFACTORY INSPECTION
- 3) WRITTEN ORDER TO BIND / SURPLUS LINES DISCLOSURE FORM
- 4) PREMIUM IS 25% MINIMUM EARNED IF INSURED CANCELS
- 5) PREMIUM IS MINIMUM & DEPOSIT, SUBJECT TO AUDIT BASED ON: GROSS SALES
- 6) ALL POLICY FEES AND INSPECTIONS FEES ARE FULLY EARNED AND NON REFUNDABLE
- 7) NO FLAT CANCELLATIONS
- 8) MUST HAVE SIGNED APPLICATION AND SURPLUS LINES DISCLOSURE FORM TO BIND COVERAGE
- 9) THIS QUOTE IS VALID UNTIL 12:01AM ON 6/03/16  
IF MACDUFF UNDERWRITERS HAS NOT RECEIVED A RESPONSE BY THIS DATE, WE WILL CONSIDER THIS QUOTE CLOSED AND WILL CLOSE OUR FILE ACCORDINGLY WITH NO COVERAGE BOUND.
- 10) AGENT NOT AUTHORIZED TO ISSUE BINDER WITHOUT CARRIER PRIOR APPROVAL.  
PLEASE REVIEW CAREFULLY AS TERMS MAY DIFFER FROM THOSE IN YOUR SUBMISSION.

\*\*\*\*\*PLEASE BE SURE TO CHECK THE CARRIER'S CURRENT A.M. BEST RATING TO  
\*\*\*\*\*SATISFY YOU AND YOUR CLIENT'S INTERESTS.\*\*\*\*\*  
\*\*\*\*\*CURRENT A.M. BEST RATING CAN BE FOUND AT AMBEST.COM\*\*\*\*\*