

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**Jan 21 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L94737 (8)**  
 1. Corporation Name  
**EMPIRE FINANCIAL GROUP, INC.**



Principal Place of Business <b>220 CROWN OAK CENTRE DRIVE                  LONGWOOD FL 32760                  US</b>	Mailing Address <b>220 CROWN OAK CENTRE DRIVE                  LONGWOOD FL 32760                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2170 West State Road 434 Suite, Apt. #, etc. 22 124 City & State 23 Longwood, FL Zip 24 32779 Country 25 Seminole		2a. Mailing Address 26 2170 West State Road 434 Suite, Apt. #, etc. 27 124 City & State 28 Longwood, FL Zip 29 32779 Country 30 Seminole		3. Date Incorporated or Qualified <b>08/20/1990</b>	4. FEI Number <b>65-0211856</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**GOBLE, RICHARD  
 220 CROWN OAK CENTRE DRIVE  
 LONGWOOD FL 32760**

10. Name and Address of New Registered Agent

81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)	2170 West State Road 434		
83 Suite, Apt. #, etc.	Suite 124		
84 City	FL	85 Zip Code	32779

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: *Richard J. Goble, President* DATE: **8 Jan, 98**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GOBLE, RICHARD L.	
STREET ADDRESS	220 CROWN OAK CENTRE DRIVE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GAGNE, KEVIN	
STREET ADDRESS	220 CROWN OAK CENTRE DRIVE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2170 West State Road 434 Suite 124
1.4 CITY-ST-ZIP	Longwood, FL 32779
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2170 West State Road 434 Suite 124
2.4 CITY-ST-ZIP	Longwood, FL 32779
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Richard J. Goble, President* DATE: **8 Jan, 98 (407)774-1300**

CR2E034 (10/97)