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 #L94737 1. Corporation Name

EMPIRE FINANCIAL GROUP, INC.

FILED Feb 02, 1999 8:00am **Secretary of State**

02-02-1999 90006 032 ***150.00



Principal Place o	of Business	Mailing Address						
WEST STATE R	ROADE 434	2170 WEST STATE ROAD 434						
E 124 SUITE 124					DO NOT WRITE IN THIS SPACE			
GWOOD FL 32779 LONGWOOD FL 32779					3. Date Incorporated or Qualifed			
- *		US:			08/20/1990		Ì	
					4. FEI Number	An	plied For	
2. Principal Place of Business 2a. Mailing Address					· · · · · · · · · · · · · · · · · · ·	<u> </u>	t Applicable	
1	<u> </u>	26			65-0211856			
Suite, Apt. #,	Suite, Apt. #, etc.	te, Apt. #, etc.		5. Certificate of Status Desired Serviced Fee Required				
27								
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be			
3				Trust Fund Contribution Added to Fees				
Zip Country Zip			Coun	Country 8. This corporation owes the current year Intangible				
<u></u> آھ	25 29		30		Personal Property Tax.			
<u>**</u> 1	9. Name and Address of Current				10. Name and Address of New Registered	Agent		
			1	31 Name		•		
GOBLE, RICHARD					Idea (D.O. Day Number is Not Assentable)			
2170 WE	ST STATE BOAD 434			B2 Street Ac	ddress (P.O. Box Number is Not Acceptable)	F 4 7 7 31 1 1 11		
2170 WEST STATE ROAD 434				83	The state of the s			
SUITE 124			- 1		[表記] (1) <u>(4) 人間門多數問題時報聽聞時</u>			
LONGWOOD FL 32779				84 City		85 Zip	Code	
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11. Pursuant to	o the provisions of Sections 607.050	and 607.1508, Florida Statute	s, the ab	ove-named co	orporation submits this statement for the purpose of	intment as re	gistered	
office or re	gistered agent, or both, in the State	of Florida, Such change was autions of Section 697,0505, Flori	itnorizeo ida Statul	les.	proporation submits this statement for the purpose of ation's board of directors. I hereby accept the appo	•	•	
	mamiliai wigi, and accept in a contract		Gobi	احدا	1/2/9	9		
SIGNATURE	Signature, typed or printed name of redistered agen		Registered A	Igent signature req	uired when reinstating) . DATE			
		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		ORS IN 12	
12.	OI TOLKS AN	DELETE	1,1 TITL	.E	with the second of	Change	Addition	
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	OBLE, RICHARD L.	HTC 404	li i					
	70 WEST STATE ROAD 434, SL	JIE 124		REET ADDRESS				
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STREET ADDRESS	Service of the servic			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 comparation 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.