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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P93000076505 (5)

DOCUMENT #

EMPIRE HOME MORTGAGE, INC.

| Principal Place of Business | | | | | | | |
|-----------------------------|--|--|--|--|--|--|--|
| 1900 S. HARBOR CITY BLVD. | | | | | | | |

Mailing Address



| 1900 S. HARBOR CITY BLVD. MELBOURNE FL 32901 | | 1900 S. HARBOR CITY BLVD. MELBOURNE FL 32901 | | | | | |
|---|---|---|----------------------|-------------------------|---|--|--|
| | | | | | 3. Date Incorporated or Qualified 10/29/1993 | 3a. Date of Last Report 05/01/1995 | |
| 2. Principal F | Place of Business | 2a. Mailing Address | Mailing Address | | 4. FEI Number | Applied For | |
| 21 | | 26 | | | 59-3209400 | Not Applicable | |
| Suite, Apt | . #, etc. | Suite, Apt. #, etc | ···· _• | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| City & Sta | ite | City & State | City & State | | 6. Election Campaign Financing | 5.00 May Be | |
| 23 | | 28 | | Trust Fund Contribution | Added to Fees | | |
| Zip | Country | Zip | Countr | <i>;</i> | 8. This corporation has liability for | intangible tax under s. 199.032, ∏ No | |
| 24 | 25 | 29 |]30] | | Florida Statutes X Yes 10. Name and Address of New F | | |
| | Name and Address of Currer | nt Hegistered Agent | 81 | Name | 10, Name and Address of New P | registered Agent | |
| 0411 | IOAN INPT | | L | ''' | | A1 | |
| GALLIGAN, JANET 1900 S. HABOR CITY BLVD. MELBOURNE FL 32901 | | | 82 | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | 83 | | | | |
| | It to the provisions of Sections 607.050 | | 64 | 1 | | FL 85 Zip Code | |
| or regist famil ar v SIGNATURE | in to the provisions of sections 677,000. The State of Floring with, and accept the obligations of, Sections of Spatin, Byet or proteins of the block of the Spatin. | tion 607.0505, Florida Statute: | S | | rd of directors, i hereby accept the app | CATE | |
| 12. | OFFICERS AN | O DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFF | | |
| TITLE | D | ☐ DELETE | E 1 1 T ILE | | | Change | |
| NAME | GALLIGAN, JANET | | 1.2 NAMÉ | | | | |
| STREET ADDRESS | 2220 FRONT ST. | | 13 STREE | L ADDRESS | | | |
| CHTV-ST-ZIP | MELBOURNE FL 32901 | 14 CITY - S | | | | ☐ Change ☐ Addition | |
| TITLE | D CALLICAN POPERT | □ DECETE | 2 1 Tritue | | | Change Addition | |
| NAME | GALLIGAN, ROBERT 2220 FRONT ST. | | 2.2 NAME | | | | |
| STREET ADDRESS | MELBOURNE FL 32901 | | 2 4 Cily | EL ADDRESS | | | |
| City-S1-ZiP | MECDOOTHE TE SESOT | DELETE 3 1 | | | | Change Addition | |
| NAME | | | 3 2 NAM5 | | | | |
| STREET ADDRESS | s | | 33 STRE | ET ADDRESS | | | |
| C/TY-ST-ZIP | | | 3 4 City | ST-7IP | | | |
| TITLE | | DELETE 4 | | | | Change Addition | |
| NAME | | | 4.2 NAME | : | | | |
| STREET ADDRESS | s | | • | ET ADDRESS | | | |
| CITY - SI - 2IP | | Don't w | 4 4 CITY | | | Change Addition | |
| TITLE | | ☐ DELF1E | 5 1 7(1) | | | □ cuange □ Addition | |
| NAME | . [| | 5.2 NAM | | | | |
| STREET ADDRES | s | | | EL ADDRESS | | | |
| CITY-ST-ZIF | | DELETE | 5.4 CiTY 6.1 TiTL | | | Change Addition | |
| TITLE | | L. Occile | 62 NAM | | | | |
| NAME. | | | | ET ADDRESS | | | |
| STREET ADDRES | ,, | | 6.4 CITY | | | | |
| CITY - ST - ZIP | | | 0.4 CHY | · 31 · ZIF | | | |

14. Ido hereby certify that the information supplied with this firing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR