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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000076505 (5)

FILED Apr 02 1998 8:00am Secretary of State

	EMPIR	E HOME	MORTGAGE, IN	C .							
Principal Place of Business Mailing Address									i imaripar eff. iffina scele mani dalle datet at	irii (Maia Ailat ai	(AL OBIO) BIDI IDDI
1900 S. HARBOR CITY BLVD. 1900 S. HARBOR CITY BL						VD.					
MELBOURNE FL 32901 MELBOURNE FL 32901									DO NOT WRITE IN 1	THIS SPACE	
									3. Date Incorporated or Qualified		
									10/29/1993		
2.	Principal P	rincipal Place of Business 2a. Mailing			Address				4. FEI Number	Applied For	
21	26								59-3209400 Not Ap		
	i • • • • • • • • • • • • • • • • • • •			Suite, Apt. #, etc	Suite, Apt. #, etc				5. Certificate of Status Desired	T	5 Additional
22	City & State City & State			City & State							e Required
23	City & State	y a state City a st							6. Election Campaign Financing Trust Fund Contribution		00 May Be ded to Fees
	Zip	Country Zip			Co	Country			8. This corporation owes or has paid th		
24	•		25	29	30	•			Personal Property Tax due June 30.	Yes	□ No
		g, Name	and Address of Cur	rent Registered Agent					10. Name and Address of New Registe	ered Agent	
		ALLIGAN, J				81	Nam	9			
1900 S. HABOR CITY BLVD.						82	Stree	t Addres	ess (P.O. Box Number is Not Acceptable)		
MELBOURNE FL 32901						83					
						03					
						84	City			FL 85	Zip Code
11.	Pursuant	to the provis	sions of Sections 607.0	0502 and 607.1508, Florida Stat	utes, the a	bove	-name	d corpor	ration submits this statement for the purpo		ng its registered
	office or r agent I a	legistered ag ım familiar wi	gent, or both, in the Str ith, and accept the ob	ate of Florida. Such change was digations of, Section 607.0505, I	s authorize Florida Sta	tutes	the co s.	rporatio	ration submits this statement for the purpon's board of directors. I hereby accept the	e appointmen	t as registered
SIC	SNATURE										
12.		Signalure, lypud	or printed name of registered	AND DIRECTORS	OTE: Register	ad Age	nt signal	re required	when reinstating) D. ADDITIONS/CHANGES TO OFFICERS	AND DIREC	TOPS IN 12
TITL		0	OTTO (13)	DELETE		1.1 TITLE			ADDITIONS/CHANGES TO OFFICE IN	Char	
NAI	_	GALLIG	SAN, JANET	PRESIDENT	12 PORT 12NV		1.2 NAME			_	_
STR			RONT ST.	Piccosia		1.3 STREET ADDRES		:			
CIT	r-ST-ZIP	MELBO	WRNE FL 32901		1.4 (1.4 CITY-ST-ZIP					i
TITE	E	0		DELETE		2.1 TITLE				Char	nge Addition
NAA			GAN, ROBERT		2.21	2.2 NAME		ŧ			Į.
STR	eet address		RONT ST.		2.3 \$	TREET	ADDRESS	i			
CITY-ST-ZIP		MELBO	DURNE FL 32901		2 4 CITY-ST-ZIP						
	TITLE			☐ DELETE	3.1 TITLE					☐ Char	nge 🔲 Addition
NAME					321			.			
	EET ADDRESS						ADDRESS	1			
TITL	r-ST-ZIP			DELETE	3.4. 4.1 Y		ST-ZIP	╁		Char	nge Addition
NAM				Lad Occup		NAME		}			
STREET ADDRESS					4.3 STREET		ADDRESS	:			
CITY-ST-ZIP					4.4 CITY-						
TITL					5.1 TITLE		T^-		Char	nge Addition	
NAME					5.21	5.2 NAME		}			}
STR	EET ADDRESS				5.3 9	TREET	ADDRESS	:			•
CIT	r-ST-21P				5.4 (ITY-S	T-ZIP	<u>L</u>			
TITL	E]		☐ DELETE	6.1 1	ITLE				Char	nge 🔲 Addition
NAN	AE				6.2	IAME		Ì			1
STR	EET ADDRESS				6.3 9	TREET	ADDRESS	;			ļ
O.T.	1-ST-ZIP	l			6.4 (ITY-S	T-ZIP	1			

14. 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: Danisallyn

3/20/98 407-722-9463