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

CORPORATION ANNUAL REPORT 1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED 99 MAR 23 AM 9: 59

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 556154 1. Corporation Name

EMPIRE CORPORATE KIT COMPANY

1492 WEST FLAGLER STREET	1492 WEST FLAGLER		
MIAMI FL 33135-2209	MIAMI FL 33135-2208		
2. Principal Place of Business	2a. Mailing Address		

21			26	
	Suite, Apt. #, etc.		Suite, Apl. #, et	c ·
22			27	
	City & State		City & State	
23			28	
	Zip	Country	Zψ	Co
24		25	29	30
_	9.	Name and Address of C	urrent Registered Agent	

STORMONT, RAY	С
5300 ALTON RD.	
MIAMI FL 33119	

Mailing Address	1 105(0) 21(0)	
1492 WEST FLAGIER STREET	1	

81 Name 82

City

	DO NOT WRITE IN THIS SPACE
3.	Date Incorporated or Qualified
	10/00/1/070

12/28/1978 4. FELNumber 59-1780264

Street Address (P.O. Box Number is Not Acceptable)

5. Certificate of Status Desired

Applied For Not Applicable \$8.75 Additional

FINO

6. Election Campaign Emancing

Fee Required \$5.00 May Be

8. This corporation owes the current year Intangible Personal Property Tax [|Yes

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation's board of directors. Thereby accept the appointment as registered

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office or r agent. I a	registered agent, or both, in the State of Florida. Such of im familiar with, and accept the obligations of, Section 6	nange was auth 07.0505, Florida	orized by the corporal a Statutes	ion's board of directors. Thereby	/ acrept the appointment as reg-	Stered
SIGNATURE	4				6.00	
12.	Signature, typed or press. OFFICERS AND DIRECTORS	(141) (141)	ĝistere (Alac (Asgra)) e e se pro [-13]		OATS TO OFFICERS AND DIRECTOR	S IN 12
TITLE	·	LDECETE	11706	ADDITIONS/ONANGE G	[Change	. [TAddaon
NAME	STORMONT, RAY C		12 NAAR			
STREET ADDRESS	5300 ALTON ROAD	1	13 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL		14 City St-Zin			
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NAME	-	,	22 NAM:		f Lean 3	, , , , , , , , , , , , , , , , , , , ,
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NAME	}		4 2 NAME			
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NAME			5.2 NAME			
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CITY-SY-ZIP 14. Thereby 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 nucle 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, with all other like empowered.

SIGNATURE: _

TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 541-3694

CR2E034 (11/98)