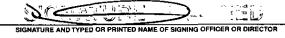
-,-	UNIFORM BUS	INESS REPU	oni (Obn)	$\neg$				8
DOCUMENT # 556154  1. Entity Name					FILED			
EMPIRE	CORPORATE KIT COMPAN	Y			00 APR 18		5	
Principal Plac	e of Business	Mailing Address		1				
1492 WEST FLAGLER STREET FL 33135-2209		1492 WEST FLAGLER STREET MIAMI FL 33135-2209			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
					ı (ABID) DIZTI BINA DIZTI NADI DINI BINZ BIDZ BIDZI	ALDIK DERKI ALDIK DERK		
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	FEI Number <b>59-1780264</b>		plied For t Applicable	}
Zip	Country	Zip	Country	5. (	Certificate of Status Desired	\$8.75 Add Fee Required		
	6. Name and Address of Curren	t Registered Agent	Name	7. 1	Name and Address of New Register	ed Agent		] ]
	rmont, ray c Alton Rd.	Street Address		s (P.O. B	(P.O. Box Number is Not Acceptable)			
	AL FL 33119							1
			City	•	F	Zip Code	•	}
SIGNATURE .	named entity submits this statement	nt and title if applicable. (NO	TE: Registered Agent signature requ			E		
<ol> <li>This corporation is eligible to satisfy its Intang Tax filing requirement and elects to do so. (See criteria on back)</li> </ol>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta			10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
11.	OFFICERS ANI		12.	AE	DDITIONS/CHANGES TO OFFICERS	AND DIRECTORS  Change	S IN 11	] (g)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STORMONT, RAY C 5300 ALTON ROAD MIAMI BEACH FL	TORMONT, RAY C NAME STREE		5000032198850 -04/24/0001036005				CR2E034 (9/99)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP		****150.00	) <b>F</b> \$\$\$\$\$	<b>© ∏∏g</b> dition	18
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		LS	☐ Change	Addition	
indicated of the co	l on this raport or supplemental raport	is true and accurate and that powered to execute this repo	my signature shall have the rt as required by Chapter (	ie same.	119.07(3)(i), Florida Statutes. I further legal effect as if made under oath; the ida Statutes; and that my name appear	it i am an oilicer	or director	

SIGNATURE: \_



Daytime Phone #