

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 14 AM 9:09

DOCUMENT # J16413 (3)

1. Corporation Name
EMPIRE STATE ENTERPRISES, INC.

Principal Place of Business	Mailing Address
8905 CLINT MOORE GARGLE 8600 SURREY LANE BOCA RATON FL 33496-1230	8905 CLINT MOORE GARGLE 8600 SURREY LANE BOCA RATON FL 33496-1230

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 8600 Surrey Lane		2a 9905 Clint Moore Rd.		05/28/1986		02/10/1994	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 Boca Raton, FL		28 Boca Raton, FL		59-2677448		Not Applicable	
24 33496		25 USA		29 33496		30 USA	
5. Certificate of Status Desired				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
<input type="checkbox"/>				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
				\$8.75 Additional Fee Required			
				\$5.00 May Be Added to Fees			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LASALLE, THOMAS L 5941 NORTHEAST 21ST CIRCLE FORT LAUDERDALE FL 33308				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when resigning.

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGE TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, JOHN SR.	1.2 NAME	
STREET ADDRESS	8905 CLINT MOORE ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, NORMAN	2.2 NAME	
STREET ADDRESS	8905 CLINT MOORE LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	2.4 CITY - ST - ZIP	
TITLE	J	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, JOHN JR.	3.2 NAME	
STREET ADDRESS	8905 CLINT MOORE ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	3.4 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, STEPHEN	4.2 NAME	
STREET ADDRESS	8905 CLINT MOORE ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, JEFFREY	5.2 NAME	
STREET ADDRESS	8905 CLINT MOORE ROAD	5.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John Thomas Sr. Pres. 6/8/95 1-407-482-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone No.)

CR2E034 (3/95)