

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

FILED
Jan 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L94737** (8)
1. Corporation Name
EMPIRE FINANCIAL GROUP, INC.

Principal Place of Business 220 CROWN OAK CENTRE DRIVE LONGWOOD FL 32760 US	Mailing Address 220 CROWN OAK CENTRE DRIVE LONGWOOD FL 32760 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2170 West State Road 434 Suite, Apt. #, etc. 22 124 City & State 23 Longwood, FL Zip 24 32779		2a. Mailing Address 26 2170 West State Road 434 Suite, Apt. #, etc. 27 124 City & State 28 Longwood, FL Zip 29 32779		3. Date Incorporated or Qualified 08/20/1990	
25 Seminole		30 Seminole		4. FEI Number 65-0211856	
9. Name and Address of Current Registered Agent GOBLE, RICHARD 220 CROWN OAK CENTRE DRIVE LONGWOOD FL 32760		10. Name and Address of New Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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.		81 Name		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
SIGNATURE <i>Richard J. Goble, President</i>		82 Street Address (P.O. Box Number is Not Acceptable) 2170 West State Road 434		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
83 Suite 124		84 City Longwood		85 Zip Code 32779	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOBLE, RICHARD L. 220 CROWN OAK CENTRE DRIVE LONGWOOD FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2170 West State Road 434 Suite 124 Longwood, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAGNE, KEVIN 220 CROWN OAK CENTRE DRIVE LONGWOOD FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2170 West State Road 434 Suite 124 Longwood, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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: *Richard J. Goble, President* 8 Jan. 98 (407) 774-1300

CR2E034 (10/97)