

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M33789** (2)

1. Corporation Name

EMPIRE MORTGAGE GROUP, INC.



Principal Place of Business

Mailing Address

C/O MICHAEL R. GORDON
777 S STATE RD 7, SUITE 21
MARGATE FL 33068

C/O MICHAEL R. GORDON
777 S STATE RD 7, SUITE 21
MARGATE FL 33068

3. Date Incorporated or Qualified

06/17/1986

3a. Date of Last Report

02/20/1995

4. FEI Number

59-2683467

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21 **541 So. State Rd 7**

Suite, Apt. #, etc.

22 **15**

City & State

23 **MARGATE FL**

Zip

24 **33068**

Country

25 **USA**

2a. Mailing Address

26 **541 So. State Rd 7**

Suite, Apt. #, etc.

27 **15**

City & State

28 **MARGATE FL**

Zip

29 **33068**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**GORDON, MICHAEL R.
777 SO. STATE RD. 7 SUITE 21
STE.209
MARGATE FL 33068**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

(Signature by agent or printed name of registered agent and 1% if applicable)

(Signature by registered agent or printed name of new registered agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE

NAME **GORDON, MICHAEL R.**
STREET ADDRESS **6622 NEWPORT LAKE CIRCLE**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **D** ☐ DELETE

NAME **GORDON, ARLEEN**
STREET ADDRESS **6622 NEWPORT LAKE CIRCLE**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **D** ☐ DELETE

NAME **EVANS, DIANA**
STREET ADDRESS **4730 BALDRIC ST**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 119.07(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Gordon

4-1-96

954 979 7775

Date

Daytime Phone

CR2E034 (12/95)