

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

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Apr 08 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # M33789 (2)**  
 1. Corporation Name  
**EMPIRE MORTGAGE GROUP, INC.**

Principal Place of Business <b>541 S STATE ROAD 7 STE 15 MARGATE FL 33068 US</b>	Mailing Address <b>541 S STATE ROAD 7 STE 15 MARGATE FL 33068-1711 US</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/17/1986</b>	3a. Date of Last Report <b>04/10/1996</b>
21		26		4. FEI Number <b>59-2683467</b>	Applied For <input type="checkbox"/> Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Zip	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Country		Country		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>GORDON, MICHAEL R.</b> <b>777 SO. STATE RD. 7 SUITE 21</b> <b>STE.209</b> <b>MARGATE FL 33068</b>		81 Name <b>MICHAEL R GORDON</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>541 So State Rd 7</b> 83 <b>Suite 15</b> 84 City <b>MARGATE</b> <b>FL</b> 85 Zip Code <b>33068</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GORDON, MICHAEL R.</b>	1.2 NAME	
STREET ADDRESS	<b>6622 NEWPORT LAKE CIRCLE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BOCA RATON FL</b>	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GORDON, ARLEEN</b>	2.2 NAME	
STREET ADDRESS	<b>6622 NEWPORT LAKE CIRCLE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BOCA RATON FL</b>	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EVANS, DIANA</b>	3.2 NAME	
STREET ADDRESS	<b>4730 BALDRIC ST</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BOCA RATON FL</b>	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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:  **Michael R. Gordon** 4/1/97 9:54 929 7775  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)