

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

FILED
May 13 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P33025 (8)
 1. Corporation Name
EMPIRE OF AMERICA REALTY CREDIT CORP.



| | |
|--|--|
| Principal Place of Business 5700 LAKE WORTH ROAD SUITE 310 LAKE WORTH FL 33463 | Mailing Address 5700 LAKE WORTH ROAD SUITE 310 LAKE WORTH FL 33463 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 2. Principal Place of Business 21 1926 TENTH AVENUE NORTH Suite, Apt. #, etc 22 4TH FLOOR City & State 23 LAKE WORTH, FL Zip 24 33461 | 2a. Mailing Address 26 1926 TENTH AVENUE NORTH Suite, Apt. #, etc 27 4TH FLOOR City & State 28 LAKE WORTH, FL Zip 29 33461 Country 25 USA 30 USA |
|--|--|

| | | |
|--|---------------------------------------|-------------------------------|
| 3. Date Incorporated or Qualified 03/05/1991 | 4. FEI Number 13-3608665 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 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 | | |

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) 1926 TENTH AVENUE NORTH |
| 83 4TH FLOOR |
| 84 City LAKE WORTH |
| 85 Zip Code FL 33461 |

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

| | | |
|----------------|-----------------------------|--|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BERSTEIN, MICHAEL | |
| STREET ADDRESS | 5700 LAKE WORTH ROAD | |
| CITY-ST-ZIP | LAKE WORTH FL 33463 | |
| TITLE | COBD | <input checked="" type="checkbox"/> DELETE |
| NAME | SHAPIRO, ALBERT | |
| STREET ADDRESS | 5700 LAKE WORTH ROAD | |
| CITY-ST-ZIP | LAKE WORTH FL 33463 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | SHAPIRO, HONORA | |
| STREET ADDRESS | 5700 LAKE WORTH ROAD | |
| CITY-ST-ZIP | LAKE WORTH FL 33463 | |
| TITLE | DPC | <input type="checkbox"/> DELETE |
| NAME | SOPER, WILLARD B | |
| STREET ADDRESS | 5700 LAKE WORTH ROAD | |
| CITY-ST-ZIP | LAKE WORTH FL 33463 | |
| TITLE | VP | <input checked="" type="checkbox"/> DELETE |
| NAME | PEREZ, JOSE R | |
| STREET ADDRESS | 5700 LAKE WORTH ROAD | |
| CITY-ST-ZIP | LAKE WORTH FL 33463 | |
| TITLE | VPAS | <input type="checkbox"/> DELETE |
| NAME | WILT, EVE | |
| STREET ADDRESS | 5700 LAKE WORTH ROAD | |
| CITY-ST-ZIP | LAKE WORTH FL 33463 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 1926 TENTH AVENUE NORTH, 4TH FLOOR |
| 1.4 CITY-ST-ZIP | LAKE WORTH, FL 33461 |
| 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | VS |
| 2.3 STREET ADDRESS | OLGA E. PARRA |
| 2.4 CITY-ST-ZIP | 1926 TENTH AVENUE NORTH, 4TH FLOOR |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | 1926 TENTH AVENUE NORTH, 4TH FLOOR |
| 3.4 CITY-ST-ZIP | LAKE WORTH, FL 33461 |
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | 1926 TENTH AVENUE NORTH, 4TH FLOOR |
| 4.4 CITY-ST-ZIP | LAKE WORTH, FL 33461 |
| 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | JAMES M. ROGERS |
| 5.3 STREET ADDRESS | 1926 TENTH AVENUE NORTH, 4TH FLOOR |
| 5.4 CITY-ST-ZIP | LAKE WORTH, FL 33461 |
| 6.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | 1926 TENTH AVENUE NORTH, 4TH FLOOR |
| 6.4 CITY-ST-ZIP | LAKE WORTH, FL 33461 |

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 _____ DATE **4/24/98** (561) 540-6224

CF2E034 (10/97)