PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000088778

1. Corporation Name

EMPIRE MORTGAGE GUARANTEE CORP.

	•	·								
Principal Place	of Business	Mailing Address				- 1 (08)(00) ((0 tales ()(1) 89)(1 00+)(1 apile ester	16181 (811) 16	,	,,, ,,	
2336 HOLLYWOOD BLVD. 2336 HOLLYWOOD BLVD.										
HOLLYWOOD FL 33020 HOLLYWOOD FL 33020										
	•					DO NOT WRITE IN THIS	SPACE			
						3. Date Incorporated or Qualifed 12/30/1993				
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Applied (For	
21		26				65-0458270		Not Appl	icable	
	#, etc '	_Suite, Apt, #, etc				5. Cértifcate of Status Desired		5 Additio	4	
22 27						5. Certificate of Glades Desired	Fee	Required	t	
City & State	e	City & State	City & State		6. Election Campaign Financing	\$5.0)0 May I	Ве		
23	28				Trust Fund Contribution	Adde	ed to Fee	:S		
Zip	Country Zip Cou			,		8. This corporation owes the current year Intangible				
24	25	29 30	30			Personal Property Tax.	☐Yes	No	د	
1	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered	Agent		[
			81	Nam	е				Ī	
SCHLOSBERG, MINDY B.				Stroe	t Addra	ess (P.O. Box Number is Not Acceptable)		<u>,</u>		
4241 CASPER COURT			82	Suce	i Auui c	(F.O. Box Humber is Not Nobeliable)				
HOL	LYWOOD FL 33021		83							
	•		84	City		FI	85 Z	ip Code		
		1007 4500 51 24- 04-44-	1			• •	changing	ite rocie	torad	
∫ office or n	egistered agent, or both, in the State o	of Florida. Such change was autho	nzed by	the cor	poration	pration submits this statement for the purpose of n's board of directors. I hereby accept the appoin	ntment as	register	ed	
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florida	Statutes	i.			•			
SIGNATURE		Land title if applicable (NOTE: Dea	intered Age	nt eignatu	o mauimd	when reinstating) DATE			— i	
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered SPECERS AND DIRECTORS 13.			n ognator	o roquirou	ADDITIONS/CHANGES TO OFFICERS AN	D DIREC	TORS IN	l 12	
TITLE	D ·			1.1 TITLE			Chang		Addition	
NAME	SCARNECCHIA, SAMUEL R.	_	1.2 NAME						ļ	
STREET ADDRESS	5011 MONROE ST.		1.3 STREE	TANNOES						
\	HOLLYWOOD FL		1.4 CITY-S		~					
CITY-ST-ZIP	D	☐ DELETE	2.1 TITLE	1-42			☐ Chan	ge 🗀	Addition	
TITLE		- Decere						,		
NAME	SCHLOSBERG, MARTIN W.		2.2 NAME		_		,		ŀ	
STREET ADDRESS	4241 CASPER COURT		2.3 STREET		s				- {	
CITY-ST-ZIP	HOLLYWOOD FL		2.4 CITY-5	ST-ZIP	+		Chan		Addition	
TITLE		☐ DELETE	3.1 TITLE				L Char	âe · □	Addition	
NAME	ļ '	I	3.2 NAME							
STREET ADDRESS		1	3.3 STREE	TADDRES	s					
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP	↓				1 A 1 PC	
TITLE	-	☐ DELETE	4.1 TITLE				Chan	ge ∐	Addition	
NAME			4.2 NAME		1				ļ	
STREET ADDRESS			4.3 STREE	TADDRES	s				ĺ	
CITY-ST-ZIP			4.4 CITY-S	T-ZIP						
TITLE		☐ DELETE	5.1 TITLE				Chan	ge 🗌	Addition	
NAME		1	5.2 NAME							
STREET ADDRESS		į	5.3 STREE	TADDRES	s				Į	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	1					
TITLE		☐ DELETE	6.1 TITLE				☐ Chan	ige 🗌	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, with all other like empowered.

6.2 NAME

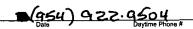
6.4 CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP





FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90159 001 ***150.00