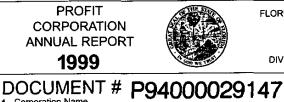
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

EMPIRE INSURANCE, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90049 010 ***150.00

	11 (1) • 1(1) • 1(1) • 1(1) • 1(1)	
- 1	33() BBK EBKB (1818 1818)	1161 9181 1461 1861

رو ^س (1.			•				
Principal Place	e of Business	Mailing Address				. I IMBEIDEL IST STÜL BERIT BERIT BEITT BRITT BRITT BRITT BRITT	110 (1101 IE)	ii Albii ibei ibei
8200 NW 74TH		P. O. BOX 26462	•					
TAMARAC FL 3	3321	TAMARAC*FL=33329-6462				HASSE PLOST OF THE PARTY OF THE	20405	
us us					DO NOT WRITE IN THIS S 3. Date Incorporated or Qualifed	SPACE		
						04/15/199 <u>4</u>		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	- 	applied For
21	·	26				65-0486719		lot Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired		Additional Required		
City & State	е ,	City & State		6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution \$5.00 May Be Added to Fees				
23 Zip	Country	Zip	Cour	ntry		8. This corporation owes the current year Inta		
24	25		30	•			Yes	□No
	9. Name and Address of Cu		7		-	10. Name and Address of New Registered A	gent	
				81	Name			
TOR	CHIA, JAMES A			82	Charat Addres	ss (P.O. Box Number is Not Acceptable)		S. (1882)
8200	NW 74TH AVE			82	Street Addres	SS (P.O. Box Number is Not Acceptable)	- :	
TAM	ARAC FL 33321		Ī	83			,	ર દરિકાર્યો ક
	`		Ļ				05 7:	
			1	84	City	FL	85 Zip	Code
office or-re agent. I as SIGNATURE	egistered agent, or both, in the SI m familiar with, and accept the ob	ate of Florida. Such change was at ligations of, Section 607.0505, Flor	ithorized ida Statu	by ti	ne corporation	ration submits this statement for the purpose of c 's board of directors. I hereby accept the appoin	tment as r	registered
	Signature, typed or printed name of registered	<u> </u>	-	Agent	signature required v		DIDECT	ODE IN 12
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND	Change	
TITLE	P TOPONIA IAMES A	□ pecele	1.1 TITL		1			
NAME]	TORCHIA, JAMES A		1.2 NA			·	:	
STREET ADDRESS	8200 NW 74TH AVE		1		ADDRESS		~ · -	
CITY-ST-ZIP	TAMARAC FL 33321	DELETE	1.4 CIT 2.1 TITI		-ZIP		[] Change	a ☐ Addition
TITLE		Detere						_
NAME			2.2 NA		*********			
STREET ADDRESS			•		ADDRESS	•		}
CITY-ST-ZIP		DELETE	2, 4 CIT		-ZiP		Change	Addition
TITLE		prec1c	3.1 IIII					_
NAME					ADDRESS			
STREET ADDRESS	•		3.4. CIT					İ
CITY-ST-ZIP	<u> </u>	☐ DELETE	4.1 TIT		-411		☐ Change	Addition
TITLE		ے کانداد	4. 2 NA				_ •	_
NAME OTDEET ADDRESS					ADDRESS			
STREET ADDRESS	}		4.4 CIT					1
CITY-ST-ZIP TITLE	<u> </u>	☐ DELETE	5.1 TITI	_	- 25		Change	Addition
			5.2 NA				_	
NAME					ADDRESS			
STREET ADDRESS			5.4 CIT					
CITY-ST-ZIP TITLE		DELETE	6.1 TIT				☐ Change	e Addition
NAME			6.2 NA	ME			_	
STREET VUUDESS	,		6.3 ST	REET	ADDRESS			

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 attagment with an address, with all other the empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)