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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

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P94000075916 (4)

EMPIRE OLUBS, INC.

FILED
May 26 1998 8:00am
Secretary of State



Principal Place of Business Mailing Address			I POULTEN IN IONI END BUIL BUIL BUIL BUIL BUIL BUIL IN IONI IN IONI IONI IONI IONI IONI I		
1902 EAST 7TH AVENUE 1802 EAST 7TH AVENUE					
TAMPA FL 33605		TAMPA FL 33605			DO NOT HIDITE IN THIS SPACE
	7				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
	5 - 1				10/17/1994
2. Principal Pi	ace of Business	2a. Mailing Address	_	• •	4. FEI Number Applied For
21		26	26		65-0523254 Not Applicable
Sulte, Apt. #, etc.		Suite, Apt #, etc.	- n		Certificate of Status Desired \$8.75 Additional
22 City P. State	ity & State Cily & State				Fee Required
23	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country		Zip Country		Trust Fund Contribution
24	25	29 30	, ·		Personal Property Tax due June 30. Yes No
	9. Name and Address of Curr				10. Name and Address of New Registered Agent
BRE	W ě r, joel		81	Name	
190	2 BAST 7TH AVENUE		82	Street A	Address (P.O. Box Number is Not Acceptable)
TAN	IPA FL 33605				
•	•		83		
			84	City	85 Zip Code
11. Pursualli t	o the provisions of Sections 607.0	502 and 607 1508 Florida Statutes	the above	-named	Corpovation submits this statement for the purpose of sharping its excitatoral
11. Pursual to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstalling) DATE					
12.		ND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	D Brewer, Joel	[] DELETE	1.1 TITLE		Change Addition
STREET ADDRESS	1902 EAST 7TH AVENUE		1.2 NAME 1.3 STREET	ADDDECC	
CITY-ST-ZIP	TAMPA FL 33605		1.4 CITY - ST		
TITLE	<u> </u>	☐ DELETÉ	2.1 TITLE	1 - 211	Change Addition
NAME	? •		2.2 NAME		
STREET ADDRESS	•		2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 City-St-ZiP		
TITLE		DELETE 3.1			Change Addition
NAME) ;		3.2 NAME		
STREET ADDRESS	F .		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	<u> </u>	DELETE	3.4. CITY-S	T-ZIP	
NAME	\$	☐ percit	4.1 TITLE		Change Addition
STREET ADDRESS			4. 2 NAME 4.3 STREET A	ADDECO	
CITY-ST-ZIP	*		4.4 CITY-ST	1	
YITLE	· ·	DELETE	5.1 TITLE	- LIF	☐ Change ☐ Addition
NAME	K	_	5.2 NAME		_ state _ stat
STREET ADDRESS	•		5.3 STREET	ADDRESS	
CITY-ST-ZIP	÷		54 CITY-ST		
TITLE	:	☐ DELETE	6.1 TITLE	1	Change Addition
NAME	:		6.2 NAME		
STREET ADDRESS	1	i	6.3 STREET /	ADDRESS	
CITY-ST-ZIP	-		6.4 CITY - ST	- ZIP	

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.