

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

1997 SEP -3 PM 4: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000031455 (4)

1. Corporation Name

EMPIRE INSURANCE COMPANY USA

Principal Place of Business

6855 MIRAMAR PARKWAY
MIRAMAR FL 33023

Mailing Address

6855 MIRAMAR PARKWAY
MIRAMAR FL 33023

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/10/1996

3a. Date of Last Report

4. FEI Number

65-0659613

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible:
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 6855-A Miramar Pkwy
Suite, Apt. #, etc.

22

City & State
23 Miramar FL.

Zip

24 33023

Country

25 USA

2a. Mailing Address

26 6855-A Miramar Pkwy
Suite, Apt. #, etc.

27

City & State
28 Miramar FL.

Zip

29 33023

Country

30 USA

9. Name and Address of Current Registered Agent

GELLER, ADAM B
6855 MIRAMAR PARKWAY
MIRAMAR FL 33023

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT ☐ DELETE

NAME ADAM GELLER
STREET ADDRESS 1620 S.W. 18TH TER.
CITY-ST-ZIP POMPAHO BEACH, FL 33068

TITLE DIRECTOR ☐ DELETE

NAME LISA GREENBERG
STREET ADDRESS 11716 S. ISLAND RD.
CITY-ST-ZIP COOPER CITY, FL 33026

TITLE DIRECTOR ☐ DELETE

NAME TANIA M. RODRIGUEZ
STREET ADDRESS 20231 N.W. 8TH ST
CITY-ST-ZIP PEMBROKE PINES, FL 33029

TITLE DIRECTOR ☐ DELETE

NAME ALISSA GELLER
STREET ADDRESS 8856 N.W. 49TH DR.
CITY-ST-ZIP CORAL SPRINGS, FL 330

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME 300002284513-2
1.3 STREET ADDRESS -09/04/97--01046--005
1.4 CITY-ST-ZIP *****165.00 *****165.00

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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

Ad SIGNATURE [Signature]

02/26/97

954-463-3006

CR2E034 (4/97)

2

***Integrity Insurance Agency
6855-A Miramar Pkwy.
Miramar, FL. 33023
954 963-3006
954 963-9474 Fax***

8/13/97

To Whom It May Concern:

This letter will serve as notice that the original filing fee packet was never received by our office.

***Enclosed please find a check, along with the above-mentioned packet - that was received.
If there are any question or concerns, please contact me at the above address and/or phone number.***

Thank you.

Sincerely,

Adam B. Geller

Adam B. Geller