Zip Code

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

**BROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000055655

EMPIRE MANAGEMENT COMPAI	TALLAN	
Principal Place of Business	Mailing Address	
223 WILMINGTON WEST CHESTER PIKE	P.O. BOX 462	
CHADDS FORD PA 19317	CONCORDVILLE PA 19317	
		DO NOT V
	•	3. Date Incorporated or Quali
2. Principal Place of Business	2a. Mailing Address	06/24/1997 4. FEt Number
<b>−</b> 1	1 · 1	58-2338761
21 223 Wilmington West. Suite, Apt. #, etc.	26 215 North Eola Drive Suite Apt #, etc	
22 Chester Pike	27	5. Certificate of Status Desire
City & State	City & State	6. Election Campaign Financi
23 Chadds Ford, PA	28 Orlando, FL	Trust Fund Contribution
Zip Country	Zip Country	8. This corporation owes the
24 19317   25   USA	29 32801 30 USA	Personal Property Tax
9. Name and Address of Cu	rrent Registered Agent 81 Nan	10. Name and Address of Ne
BALLETTA, JAMES ESQ	0   14(11)	ic
215 N EOLA DR	82 Stre	et Address (P.O. Box Number is Not Acc
ORLANDO FL 32901-4	83	
	84 City	
office or registered agent, or both, in the Si	.0502 and 607.1508, Florida Statutes, the above name tale of Florida. Such change was authorized by the co oligations of, Section 607.0505, Florida Statutes	ed corporation submits this statement for operation's board of directors. Thereby a
SIGNATURE		
Signature, typed or printed name of registers:  12. OFFICERS		
TITLE D	S AND DIRECTORS 13.	ADDITIONS/CHANGES TO
D	1 TOCKET THERE	:

FILED 90 APR 29 MIII: 00

CLORETARY OF STATE MELAMASSEE, FLORIDA



4.	FET Number		
	58-2338761		Applied Fo
5.	Certificate of Status Desired	[ ]	\$8.75 Addition. Fee Required
6.	Election Campaign Financing Trust Fund Contribution	[	\$5.00 May Be Added to Fees
8.	This corporation owes the curre Personal Property Tax	ent <b>ye</b> ar	Intangible [ ]Yes
10.	Name and Address of New R	legistere	d Agent

the purpose of changing its registered coupt the appointment as registered

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	[   DELETE	11 THE	[   Change   [   j Add
NAME	SPANO, THOMAS V		1.2 NAME	
STREET ADDRESS	223 WILMINGTON WEST CHESTER PIKE		10 STREET ADDRESS	
CITY-ST-ZIP	CHADDS FORD PA 19317		14 O17 (S) 730	
TITLE	ST	<b>X</b> DELETE	2 1 TIBLE	[   Change   [   Add
NAME	MARRA, NANCY F		22 NAME	
STREET ADDRESS	223 WILMINGTON WEST CHESTER PIKE		20 STRIEL ADORESS	6000028596660
CITY-ST-ZIP	CHADDS FORD PA		2.4 CRY-ST 7/P	-05/03/9901007005
TITLE	· <del></del>	[ ] DELETE	3.1 Till:6	-05/03/3901007005 ****150.00 *****150.00
NAME			3.2 NAME	**************************************
STREET ADDRESS			33STREET ADDRESS	
CITY-ST-ZIP			3.4 C/(Y+S1-Z)P	
TITLE		[] DELETE	4 1 TIFLE	[ ] Change
NAME			4 2 NAME	
STREET ADDRESS			4 3 STREET ADDRESS	
CITY-ST-ZIP			4.4 C(T) +57 + 7/F	
TITLE		[   DELETE	51 TILLE	[ ] Change [ ] Addi
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
C/TY-ST-ZIP			5.4 City-\$1-2ii*	
TITLE		[ ] DELETE	61 TillE	[ Change [ Add
NAME			6.2 NAME	
STREET ADORESS			63 STREET ADDRESS	/N
CITY-ST-ZIP			64 City-St-ZiP	

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 off an attachment with an address with all other like empowered.

SENING OFFICER OR DIRECTOR

**SIGNATURE**;

4/27/99

Dayton - From #