## 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 #

**FILED** 

Apr 28 1998 8:00am

Secretary of State

EMPIRE	: AGENCY, INC.				
Principal Plac	e of Business	Mailing Address			- B1013 81011 81011 B1811 B1811 B1811 1861
	OAK CENTRE DR	350 ESSJAY ROAD			
LONGWOOD FL 32750 US		STE 303 WILLIAMSVILLE NY 14221		DO NOT MOUTE	IN THIS STACE
00		US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
				04/03/1991	
2. Principal P	lace of Business	2a. Mailing Address		4, FEI Number	Applied For
21		26		59-3060110	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		7.7.	\$8.75 Additional
22		27 SUITE 302		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has pai	
24	25 9. Name and Address of Currer	29 3	0	Personal Property Tax due June	
RE	NTLEY, GREGORY J.	it negistered Agent	81 Name	10. Name and Address of New Reg	listered Agent
638 LONGMEADOW CIR					
LONGWOOD FL 32779			82 Street Addre	ess (P.O. Box Number is Not Acceptabl	e)
20.			83		
			[]		
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the above-named corp	oration submits this statement for the pu	
office or re	egi <b>ste</b> red agent, or both, in the State m <b>-ter</b> mitiar with, and <b>acc</b> ept the <b>a</b> blic	of Florida, Such change was autations of Section 607 0505. Florid	horized by the corporati	oration submits this statement for the pu on's board of directors. I hereby accep	t the appointment as registered
			au dialoto.	-	Uzdae
SIGNATURE			logistered Agent signature require	eo when reinslating)	DATE
12,	OFFICE AN		13.	ADDITIONS/CHANGES TO OFFICE	····
TITLE	PENTIEV ODEOODY I	☐ DELETE	1.1 TITLE		L_ Change L_ Addition
NAME	BENTLEY, GREGORY J. 638 LONGMEADOW CIR		1.2 NAME		
STREET ADDRESS	LONGWOOD FL		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	n Londinoop i L	DELETE	1.4 CITY-S1-ZIP		Charge Augus
NAME	ARNOLD, ROGER J.		2.1 TITLE 2.2 NAME		Change Addition
STREET ADDRESS	3550 ESSJAY RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	WILLIAMSVILLE NY				
TITLE		DELETE	2. 4 CITY - ST - 7IP 3.1 TITLE		Change Addition
NAME		<del></del>	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	41 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 C(1Y - ST - Z)P		
TITLE		☐ DEL <b>ete</b>	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

6.4 CITY-ST-ZIP

14. Thereby 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 opposition in 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 change for prior attachment with an address.