

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

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**Jan 27 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 251819 (9)

1. Corporation Name
KONDORS THRIFTWAY OF WINTER HAVEN, INC.



Principal Place of Business 3601 CYPRESS GARDENS RD SUITE F WINTER HAVEN FL 33884 US	Mailing Address 1308 LAKE MIRROR TERR NW WINTER HAVEN FL 33881-2338 US
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3. Date Incorporated or Qualified 10/03/1961	3a. Date of Last Report 04/26/1996
4. FEI Number 59-0944321	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26 1308 MIRROR TERRACE NW
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**KONDOR, JAMES O
 1308 LAKE MIRROR TERR., N.W.
 WINTER HAVEN FL 33881**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
1308 MIRROR TERRACE NW
83
84 City
FL **85** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KONDOR, JAMES O	
STREET ADDRESS	1308 LK MIRROR TERR. NW	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KONDOR, PHYLLIS E	
STREET ADDRESS	1308 LK. MIRROR TERR. NW	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KONDOR, PHYLLIS E.	
STREET ADDRESS	1308 LK MIRROR TERR. NW	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1308 MIRROR TERRACE NW
1.4 CITY-ST-ZIP	WINTER HAVEN, FL 33881
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1308 MIRROR TERRACE NW
2.4 CITY-ST-ZIP	WINTER HAVEN, FL 33881
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1308 MIRROR TERRACE NW
3.4 CITY-ST-ZIP	WINTER HAVEN, FL 33881
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: James O Kondor 1-14-97 941-324-7711

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)