

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G15044**

(2)

1. Corporation Name  
**THOR BRUCE CORP.**



Principal Place of Business  
**3252 RIVIERA DR  
CORAL GABLES FL 33134-6400  
US**

Mailing Address  
**3252 RIVIERA DR  
CORAL GABLES FL 33134-6400  
US**

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

3. Date Incorporated or Qualified	3a. Date of Last Report
<b>12/23/1982</b>	<b>01/17/1995</b>
4. FID Number	Applied For
<b>59-2240949</b>	Not Applicable
5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00 May Be Added to Fees</b>
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HOFFMAN, CARL H.  
241 SEVILLA AVE  
STE 900  
CORAL GABLES FL 33134**

81	Name
82	Street Address (P.O. Box Numbers Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0302 and 607.1506, 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, Sections 607.0305, Florida Statutes.

SIGNATURE

12.	OFFICERS AND DIRECTORS	<input type="checkbox"/> DELETE
TITLE	<b>PD</b>	
NAME	<b>BRUCE, THOR W</b>	
STREET ADDRESS	<b>3252 RIVIERA DR</b>	
CITY-STATE-ZIP	<b>CORAL GABLES, FL 3313</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17 NAME		
18 STREET ADDRESS		
19 CITY-STATE-ZIP		
20 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 NAME		
22 STREET ADDRESS		
23 CITY-STATE-ZIP		
24 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
25 NAME		
26 STREET ADDRESS		
27 CITY-STATE-ZIP		
28 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
29 NAME		
30 STREET ADDRESS		
31 CITY-STATE-ZIP		
32 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
33 NAME		
34 STREET ADDRESS		
35 CITY-STATE-ZIP		
36 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
37 NAME		
38 STREET ADDRESS		
39 CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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 registered 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 checked in an attached list.

SIGNATURE: *Thor W. Bruce*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*March 25, 1996 (305) 444 6602*

CR2E034 (12/95)