FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **412668** **(6)**

1. Corporation Name
THOR REALTY CORP

Principal Place of Business
12595 N.E. 7TH AVE.
NORTH MIAMI BCH FL 33161

Mailing Address
12595 N.E. 7TH AVE.
NORTH MIAMI BCH FL 33161

3. Date Incorporated or Qualified: 11/13/1972
3a. Date of Last Report: 03/27/1995

2. Principal Place of Business — 21
Suite, Apt #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 59-1424419 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent
LUDICK, J. E.
12595 N.E. 7 AVENUE
NORTH MIAMI FL 33161

10. Name and Address of New Registered Agent
81 Name: LINDA McVEIGH MATLACK
82 Street Address (P.O. Box Number is Not Acceptable): 12595 N.E. 7th Ave
83 North Miami, FL 33161
84 City: FL 85 Zip Code: 33161

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: LINDA M. MATLACK — DATE: 6-10-96

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	CONIGLIO, PHILIP J	
STREET ADDRESS	12595 N.E. 7TH AVE.	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	VT	☐ DELETE
NAME	LUDICK, J. E.	
STREET ADDRESS	12595 N.E. 7TH AVE.	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	S	☐ DELETE
NAME	CONIGLIO, ANNA G.	
STREET ADDRESS	12595 N.E. 7TH AVE.	
CITY-ST-ZIP	N. MIMAI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 (changed), or on an attachment with an address.

SIGNATURE: — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 6-10-96 — Daytime Phone #: 891-7490

PRESIDENT

CR2E034 (12/95)