FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1997

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

FILED
97 APR 30 PM 3:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

1. Corporation Name
THOR REALTY CORP

Principal Place of Business	Mailing Address
12595 N.E. 7TH AVE. NORTH MIAMI BCH FL 33161	12595 N.E. 7TH AVE. NORTH MIAMI BCH FL 33161-4811

3. Date Incorporated or Qualified: 11/13/1972
3a. Date of Last Report: 06/19/1996

2. Principal Place of Business
21: 971 EAST TENN. ST
Suite, Apt. #, etc. 22:
City & State 23: TALLAHASSEE FL
Zip 24: 32308-6939 Country 25: LEON

2a. Mailing Address
26: 971 E. TENN. ST.
Suite, Apt. #, etc. 27:
City & State 28: TALLAHASSEE FL
Zip 29: 32308-6939 Country 30: LEON

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
XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX

10. Name and Address of New Registered Agent
81 Name: MICHAEL J. CONIGLIO
82 Street Address (P.O. Box Number is Not Acceptable): 971 East Tennessee Street
83: Tallahassee, Fl. 33308-6939
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: [signature] MICHAEL J. CONIGLIO 4-29-97
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CONIGLIO, PHILIP J		1.2 NAME		
STREET ADDRESS	12595 N.E. 7TH AVE.		1.3 STREET ADDRESS	1370 LAKE CLAY DRIVE	
CITY-ST-ZIP	N. MIAMI FL		1.4 CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	XX	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	XXXXXXXXXX		2.2 NAME	100002160841 -- 2	
STREET ADDRESS	XXXXXXXXXXXX		2.3 STREET ADDRESS	-04/30/97--01063--023	
CITY-ST-ZIP	XXXXXXXXX		2.4 CITY-ST-ZIP	****165.00 ****165.00	
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CONIGLIO, ANNA G.		3.2 NAME		
STREET ADDRESS	12595 N.E. 7TH AVE.		3.3 STREET ADDRESS	1870 LAKE CLAY DR,	
CITY-ST-ZIP	N. MIMAI FL		3.4 CITY-ST-ZIP	LAKE PLACID, FL 33852	
TITLE		☐ DELETE	4.1 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 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: [signature] 1-28-96 904-681-3[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0219243