

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 706639 (2)**

1. Corporation Name

**THRIFT INC**



Principal Place of Business

Mailing Address

**GUSTAVE T BROBERG JR  
231 S COUNTY RD  
PALM BCH FL 33480**

**GUSTAVE T BROBERG JR  
231 S COUNTY RD  
PALM BCH FL 33480**

3. Date Incorporated or Qualified <b>01/02/1964</b>	3a. Date of Last Report <b>07/19/1995</b>
4. FEI Number <b>59-0802932</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

**9. Name and Address of Current Registered Agent**

**BROBERG, GUSTAVE T., JR.  
223 PERUVIAN AVENUE  
PALM BEACH FL 33480**

**10. Name and Address of New Registered Agent**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

**SIGNATURE**

Signature, typed or printed 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	<b>S</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SWING, JANE L.</b>	1.2 NAME	
STREET ADDRESS	<b>231 SOUTH COUNTY ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BEACH, FL 00000</b>	1.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROBERG, GUSTAVE T JR</b>	2.2 NAME	
STREET ADDRESS	<b>231 SOUTH COUNTY ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BEACH, FL 00000</b>	2.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MADDOCK, PAUL L., JR.</b>	3.2 NAME	
STREET ADDRESS	<b>231 SOUTH COUNTY ROAD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BEACH, FL 00000</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KERESEY, THOMAS M., MRS.</b>	4.2 NAME	
STREET ADDRESS	<b>231 SOUTH COUNTY ROAD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BEACH, FL 00000</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOPKINS, RANDOLPH A</b>	5.2 NAME	
STREET ADDRESS	<b>231 SOUTH COUNTY ROAD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>	5.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLADES, JOHN W., MRS.</b>	6.2 NAME	
STREET ADDRESS	<b>231 SOUTH COUNTY ROAD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BEACH, FL 00000</b>	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Handwritten Signature]* **12/19/95 (407) 655-5166**

CR2E037 (12/95)