

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**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/02/1964		3a. Date of Last Report 07/19/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-0802932		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

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
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWING, JANE L.	1.2 NAME	
STREET ADDRESS	231 SOUTH COUNTY ROAD	1.3 STREET ADDRESS	
CITY-STATE-ZIP	PALM BEACH, FL 00000	1.4 CITY-STATE-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROBERG, GUSTAVE T JR	2.2 NAME	
STREET ADDRESS	231 SOUTH COUNTY ROAD	2.3 STREET ADDRESS	
CITY-STATE-ZIP	PALM BEACH, FL 00000	2.4 CITY-STATE-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADDOCK, PAUL L., JR.	3.2 NAME	
STREET ADDRESS	231 SOUTH COUNTY ROAD	3.3 STREET ADDRESS	
CITY-STATE-ZIP	PALM BEACH, FL 00000	3.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERESEY, THOMAS M., MRS.	4.2 NAME	
STREET ADDRESS	231 SOUTH COUNTY ROAD	4.3 STREET ADDRESS	
CITY-STATE-ZIP	PALM BEACH, FL 00000	4.4 CITY-STATE-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOPKINS, RANDOLPH A	5.2 NAME	
STREET ADDRESS	231 SOUTH COUNTY ROAD	5.3 STREET ADDRESS	
CITY-STATE-ZIP	PALM BEACH FL 33480	5.4 CITY-STATE-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLADES, JOHN W., MRS.	6.2 NAME	
STREET ADDRESS	231 SOUTH COUNTY ROAD	6.3 STREET ADDRESS	
CITY-STATE-ZIP	PALM BEACH, FL 00000	6.4 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)(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

Date: Daytime Phone #

CR2E037 (12/95)