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Mar 10 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 33480GUSTAVE T BROBERG JR
231 S COUNTY RD
PALM BCH FL 33480-4247

3. Date Incorporated or Qualified

01/02/1964

3a. Date of Last Report

02/07/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 ☐ DELETE
NAME SWING, JANE L.
STREET ADDRESS 231 SOUTH COUNTY ROAD
CITY-ST-ZIP PALM BEACH, FL 000001.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE TD ☐ DELETE
NAME BROBERG, GUSTAVE T JR
STREET ADDRESS 231 SOUTH COUNTY ROAD
CITY-ST-ZIP PALM BEACH, FL 000002.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE PD ☐ DELETE
NAME MADDOCK, PAUL L., JR.
STREET ADDRESS 231 SOUTH COUNTY ROAD
CITY-ST-ZIP PALM BEACH, FL 000003.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME KERESSEY, THOMAS M., MRS.
STREET ADDRESS 231 SOUTH COUNTY ROAD
CITY-ST-ZIP PALM BEACH, FL 000004.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE VD ☐ DELETE
NAME HOPKINS, RANDOLPH A
STREET ADDRESS 231 SOUTH COUNTY ROAD
CITY-ST-ZIP PALM BEACH FL 334805.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE VD ☐ DELETE
NAME BLADES, JOHN W., MRS.
STREET ADDRESS 231 SOUTH COUNTY ROAD
CITY-ST-ZIP PALM BEACH, FL 000006.1 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0039341

CR2E037 (9/96)