

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 706639 (2)**  
1. Corporation Name  
**THRIFT INC**



Principal Place of Business <b>GUSTAVE T BROBERG JR 231 S COUNTY RD PALM BCH FL 33480</b>	Mailing Address <b>GUSTAVE T BROBERG JR 231 S COUNTY RD PALM BCH FL 33480</b>
--	--

3. Date Incorporated or Qualified  
**01/02/1964**

4. FEI Number <b>59-0802932</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
------------------------------------	---	--

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
	Zip <b>29</b>
	Country <b>30</b>

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  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

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number Is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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 \_\_\_\_\_ (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 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: \_\_\_\_\_ **2/27/98**

CR2E037 (10/97)