


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
01/02/1964

4. FEI Number 59-0802932	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

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

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
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	
TITLE	S <input type="checkbox"/> DELETE
NAME	SWING, JANE L.
STREET ADDRESS	231 SOUTH COUNTY ROAD
CITY-ST-ZIP	PALM BEACH, FL 00000
TITLE	TD <input type="checkbox"/> DELETE
NAME	BROBERG, GUSTAVE T JR
STREET ADDRESS	231 SOUTH COUNTY ROAD
CITY-ST-ZIP	PALM BEACH, FL 00000
TITLE	PD <input type="checkbox"/> DELETE
NAME	MADDOCK, PAUL L., JR.
STREET ADDRESS	231 SOUTH COUNTY ROAD
CITY-ST-ZIP	PALM BEACH, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	KERESEY, THOMAS M., MRS.
STREET ADDRESS	231 SOUTH COUNTY ROAD
CITY-ST-ZIP	PALM BEACH, FL 00000
TITLE	VD <input type="checkbox"/> DELETE
NAME	HOPKINS, RANDOLPH A
STREET ADDRESS	231 SOUTH COUNTY ROAD
CITY-ST-ZIP	PALM BEACH FL 33480
TITLE	VD <input type="checkbox"/> DELETE
NAME	BLADES, JOHN W., MRS.
STREET ADDRESS	231 SOUTH COUNTY ROAD
CITY-ST-ZIP	PALM BEACH, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

[Handwritten Signature]

2/27/98

CR2E037 (10/97)