

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 APR -8 AM 9:48



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|--------------------------------|---------------------------------------|
| 1. Name of Limited Partnership | 1a. DOCUMENT # A96000001589 |
| THRIFT PLUS, LTD. | |

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|--|---|--|--|
| Mailing Address 2200 LUCIEN WAY, SUITE 450 MAITLAND FL 32751 | Principal Office Address 2200 LUCIEN WAY, SUITE 450 MAITLAND FL 32751 | 3. Date Formed or Registered 08/23/1996 | 5a. Capital Contributions as Shown on record. \$1,000,100.00 |
| | | 3a. Date of Last Report | 5b. Amount of Capital Contributions in FLORIDA to date: |
| | | 4. State or Country of Formation FL | |
| 2. Mailing Address | 2a. Principal Office Address | 6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| City & State | City & State | 8. Make check payable to: Dept. of State (See reverse side for fee information) | |
| Zip Country | Zip Country | | |

| | |
|---|---|
| 9. Name and Address of Current Registered Agent B&C CORPORATE SERVICES OF CENTRAL FL, INC. 390 NORTH ORANGE AVE., SUITE 1100 ORLANDO FL 32801 | 10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code |
|---|---|

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

| 11. Name(s) of General Partner(s) | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) | 11b. City, State & Zip Code | 11c. Registration/Document Number |
|-----------------------------------|---|------------------------------|-----------------------------------|
| FASHION BLUES, INC. | 2200 LUCIEN WAY, SUIT | MAITLAND FL 32751 | P96000042308 |
| TRUE THRIFT LIMITED, INC. | 120 FRONT STREET, EAS | TORONTO, ONT., CANADA | F96000004387 |

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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Fashion Blues, Inc.

DATE **4/4/97**

Typed or Printed Name of General Partner Signing Form

By: Alan H. Ginsburg

Daytime Telephone Number **407-660-1110**

CR2E003 (11/96)