FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F3. 1. Corporation Name THAYNE INVESTMENTS, IN	()		
Principal Place of Business Mailing Address			
126 CORAL CAY DRIVE PALM BCH GARDENS FL 33418 US	126 CORAL CAY DRIVE PALM BCH GARDENS FL 33418-4006 US		
		3. Date Incorporated or Qualified 05/21/1981	3a. Date of Last Report 06/11/1996
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2093082	Not Applica
Suite, Apt. #, etc	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be

23 Added to Fees Trust Fund Contribution 28 Country Zip Country This corporation has liability for intangible tax under s. 199.032, 25 30 Florida Statutes Yes **₽** No 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SOPHER, RICHARD T 126 CORAL CAY DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) PALM BCH GARDEN, FL 83 33418 City Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE			
		Registered Agent signature	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSD DELETE	1.1 TITLE	Change Addition
NAME	SOPHER, RICHARD T	1.2 NAME	
STREET ADDRESS	126 CORAL CAY DRIVE	1.3 STREET ADDRESS	
CITY - ST- ZIP	PALM BCH GARDENS,FL00000	1.4 CITY - ST - ZIP	
TITLE	DELETE	2.1 TITLE	Change Addition
NAME		2.2 NAME	+
STREET ADORESS		2.3 STREET ADDRESS	
CITY - ST - ZIF		2. 4 CITY - ST - ZIP	
TITLE	☐ DELETE	3 1 TITLE	Change Addition
NAME		32 NAME	•
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4. CITY-ST-ZIP	
TOLE	DELETE	4.1 TITLE	Change Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐] Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CHY-ST-ZIP		5.4 CITY - ST - ZIP	
TITLE	DELETE	6.1 TITLE	Change Addition
NAME	1 1	6.2 NAME	
STREET ADDRESS	///	6.3 STREET ADDRESS	
CHY-SI-ZIP	///	6.4 CITY - ST - ZIP	

ng does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the 14. I do hereby certify that the information supplied with this information indicated on this annual report or supple I am an officer or director of the corporation or the v finual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if

SIGNATURE:

FILED

Apr 25 1997 8:00am

Secretary of State

Applied For Not Applicable