

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

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May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K07754** (0)

1. Corporation Name
THUNDERBIRD SWAP SHOP, INC.

Principal Place of Business 3291 W. SUNRISE BLVD. 1000 STATE RD 7 FT. LAUDERDALE FL 33311 US	Mailing Address 3501 W. SUNRISE BLVD. 1000 STATE RD 7 FT. LAUDERDALE FL 33311-6401 US
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3. Date Incorporated or Qualified 12/17/1987	3a. Date of Last Report 03/19/1996
4. FEI Number 65-0029044	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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. Zip
Country	Country
24. Zip	29. Zip
Country	Country

9. Name and Address of Current Registered Agent

**COHEN, L.N.
2000 N. STATE ROAD 7
CONCESSION ANNEX #2
MARGATE FL 33063**

10. Name and Address of New Registered Agent

81. Name COHEN, L.N.
82. Street Address (P.O. Box Number is Not Acceptable) 1000 N. STATE ROAD 7
83. City MARGATE
84. Zip Code FL 33063

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

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	PD	<input type="checkbox"/> DELETE
NAME	HENN, BETTY	
STREET ADDRESS	2000 N. STATE ROAD 7	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PARRISH, LORI N.	
STREET ADDRESS	2000 N. STATE ROAD 7	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	PARRISH, LORI N.	
STREET ADDRESS	2000 N. STATE ROAD 7	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HENN, BETTY	
1.3 STREET ADDRESS	1000 N. STATE ROAD 7	
1.4 CITY-ST-ZIP	MARGATE, FL 33063	
2.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PARRISH, LORI N.	
2.3 STREET ADDRESS	1000 N. STATE ROAD 7	
2.4 CITY-ST-ZIP	MARGATE, FL 33063	
3.1 TITLE	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PARRISH, LORI N.	
3.3 STREET ADDRESS	1000 N. STATE ROAD 7	
3.4 CITY-ST-ZIP	MARGATE, FL 33063	
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 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 607, 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 #

0266963

CR2E034 (9/96)