

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **K53726** (1)

1. Corporation Name

**THOMPSON FAMILY INVESTMENTS, INC.**



Principal Place of Business

**3761 N.W. 16TH ST.  
P.O. BOX 9586  
FT. LAUDERDALE FL 33310**

Mailing Address

**3761 N.W. 16TH ST.  
P.O. BOX 9586  
FT. LAUDERDALE FL 33310**

3. Date Incorporated or Qualified  
**12/23/1988**

3a. Date of Last Report  
**03/07/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**RUTHERFORD, CHARLES E.  
SUITE 400 2101 CORP. BLVD NW  
BOCA CORPORATE CENTER  
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81 Name  
**William G. Salim, Jr.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**800 Corporate Drive**

83  
**Suite 510**

84 City  
**Fort Lauderdale**

FL

85 Zip Code  
**33334**

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

*William G. Salim, Jr.*

**William G. Salim, Jr.**

**2/6/96**

Signature, typed or printed name of registered agent, and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
	D	THOMPSON, DEWITTE T. III	3761 NW 16 ST LAUDERHILL FL	
	D	THOMPSON, RICHARD E.	3761 NW 16 ST LAUDERHILL FL	
	D	THOMPSON, WILLIAM E.	3761 NW 16 ST LAUDERHILL FL	
	D	THOMPSON, SHARON G.	3761 NW 16 ST LAUDERHILL FL	
	D	THOMPSON, SUSAN A.	3761 NW 16 ST LAUDERHILL FL	
	D			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. 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 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 for on an attachment with an address.

SIGNATURE:

*Dewitt T. Thompson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-22-96**

**914-183-6002**

CR2E034 (12/95)