

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N94000000152 (8)

1. Corporation Name
SECOND LIFE THRIFT SHOP, INC.



Principal Place of Business: 11 SE 3RD STREET BOCA RATON FL 33432 US
Mailing Address: 10715 SANTA ROSA DR. BOCA RATON FL 33498

3. Date incorporated or Qualified: 01/03/1994
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0468871
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
SELTZER, LEONARD
10715 SANTA ROSA DR.
BOCA RATON FL 33498

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13.
TITLE	D SELTZER, LEONARD	1.1 TITLE D
NAME	10715 SANTA ROSA DR.	1.2 NAME
STREET ADDRESS	BOCA RATON FL 33498	1.3 STREET ADDRESS
CITY-ST-ZIP		1.4 CITY-ST-ZIP
TITLE	D SELTZER, LINDA	2.1 TITLE
NAME	10715 SANTA ROSA DR.	2.2 NAME
STREET ADDRESS	BOCA RATON FL 33498	2.3 STREET ADDRESS
CITY-ST-ZIP		2.4 CITY-ST-ZIP
TITLE	D RICHMAN, PAUL J	3.1 TITLE
NAME	8546 BRODY WAY	3.2 NAME
STREET ADDRESS	BOCA RATON FL 33433	3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE	D COHEN, BERNARD	4.1 TITLE
NAME	2500 PARKVIEW DR #2215	4.2 NAME
STREET ADDRESS	HALLENDALE FL	4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	D GELLER, SIDNEY	5.1 TITLE
NAME	10810 SANTA ROSA DR	5.2 NAME
STREET ADDRESS	BOCA RATON FL	5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	D BUSH, NORMAN H.	6.1 TITLE
NAME	10552 GREENBRIAR COURT	6.2 NAME
STREET ADDRESS	BOCA RATON FL	6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
SIDNEY GUSS Change Addition
22075 LAS BRISAS CIRCLE
304
BOCA RATON, FL. 33433

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Leonard Seltzer LEONARD SELTZER 3/8/96 407 852-9988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: (Home Phone #)

CR2E037 (12/95)