

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

FILED

May 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000084239 (1)

1. Corporation Name

HALLANDALE THRIFT MANAGEMENT, INC.

Principal Place of Business

3149 W HALLANDALE BEACH BLVD  
HALLANDALE FL 33009

Mailing Address

3149 W HALLANDALE BEACH BLVD  
HALLANDALE FL 33009-5121



3. Date Incorporated or Qualified  
12/09/1993

3a. Date of Last Report  
04/17/1996

4. FEI Number  
65-0459957

Applied For  
Not Applicable

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

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LITTLE, ILEEN  
9843 NW 6TH PLACE  
PLANTATION FL 33324

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 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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                   |                                 |
|-----------------|-------------------|---------------------------------|
| TITLE           | DP                | <input type="checkbox"/> DELETE |
| NAME            | LITTLE, ILEEN     |                                 |
| STREET ADDRESS  | 9843 NW 6TH PLACE |                                 |
| CITY - ST - ZIP | PLANTATION FL     |                                 |
| TITLE           |                   | <input type="checkbox"/> DELETE |
| NAME            |                   |                                 |
| STREET ADDRESS  |                   |                                 |
| CITY - ST - ZIP |                   |                                 |
| TITLE           |                   | <input type="checkbox"/> DELETE |
| NAME            |                   |                                 |
| STREET ADDRESS  |                   |                                 |
| CITY - ST - ZIP |                   |                                 |
| TITLE           |                   | <input type="checkbox"/> DELETE |
| NAME            |                   |                                 |
| STREET ADDRESS  |                   |                                 |
| CITY - ST - ZIP |                   |                                 |
| TITLE           |                   | <input type="checkbox"/> DELETE |
| NAME            |                   |                                 |
| STREET ADDRESS  |                   |                                 |
| CITY - ST - ZIP |                   |                                 |

|                     |                                |  |
|---------------------|--------------------------------|--|
| 1.1 TITLE           | D/VP                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                                |  |
| 1.3 STREET ADDRESS  |                                |  |
| 1.4 CITY - ST - ZIP |                                |  |
| 2.1 TITLE           | D/P                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME            | DOUGLAS, MARC                  |  |
| 2.3 STREET ADDRESS  | 3141 W. Hallandale Beach Blvd. |  |
| 2.4 CITY - ST - ZIP | Hallandale, FL 33009           |  |
| 3.1 TITLE           |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            |                                |  |
| 3.3 STREET ADDRESS  |                                |  |
| 3.4 CITY - ST - ZIP |                                |  |
| 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 or changed, in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97

954-962-6046

CR2E034 (9/96)