

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

FILED

May 01 1998 8:00am

Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000006813 (4)

1. Corporation Name
ASSOCIATED THRIFTS, INC.



Principal Place of Business
3805 S. DIXIE HIGHWAY
WEST PALM BEACH FL 33405

Mailing Address
3805 S. DIXIE HIGHWAY
WEST PALM BEACH FL 33405

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suits, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suits, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 01/21/1997	
				4. FEI Number 65 07 26960	
				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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent NICHOLAS, MICHAEL 3805 S. DIXIE HIGHWAY WEST PALM BEACH FL 33405		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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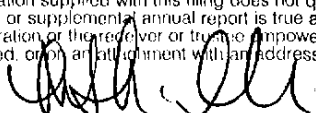
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLAS, MICHAEL	1.2 NAME	
STREET ADDRESS	3805 S. DIXIE HIGHWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLAS, MARY LOU	2.2 NAME	
STREET ADDRESS	3805 S. DIXIE HIGHWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERHARD, BRUCE T	3.2 NAME	
STREET ADDRESS	1516 NORTH O STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33460	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERHARD, LINDA L	4.2 NAME	
STREET ADDRESS	1516 NORTH O STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33460	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:



3/20/98 561 8320099

CR2E034 (10/97)