

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 # S64002 (6)

1. Corporation Name

THORNLEY PROPERTIES, INC.



Principal Place of Business

Mailing Address

PO BOX 616606
ORLANDO FL 32861
US

P. O. BOX 616606
ORLANDO FL 32861-6606
US

3. Date Incorporated or Qualified 06/28/1991	3a. Date of Last Report 05/01/1995
4. FEI Number 59-3079260	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 checked="" 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
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~CARTER, SION W.~~
~~401 E JACKSON STREET~~
~~SUITE 101~~
~~ORLANDO FL 32801~~

81 Name Ivan M. Lefkowitz, Esquire
82 Street Address (P.O. Box Number is Not Acceptable) 430 North Mills Avenue
83 City Orlando Florida 32803
84 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 of registered agent or officer of the corporation

(NOTE: Registered Agent signature required when constituting)

DATE

3-1-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	V/O
NAME	HIRST, MILDRED	1.2 NAME	HIRST, MILDRED
STREET ADDRESS	401 E. JACKSON ST., #101	1.3 STREET ADDRESS	430 N. MILLS AVENUE, 401 LEFKOWITZ ET AL
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	ORLANDO FL 32803
TITLE	SD	2.1 TITLE	Change
NAME	NIEC, N. A.	2.2 NAME	
STREET ADDRESS	401 E. JACKSON ST., #101	2.3 STREET ADDRESS	430 N. MILLS AVENUE, 401 LEFKOWITZ ET AL
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	ORLANDO FL 32803
TITLE	VD	3.1 TITLE	Change
NAME	HIRST, G.T.	3.2 NAME	
STREET ADDRESS	401 E. JACKSON ST., #101	3.3 STREET ADDRESS	430 N. MILLS AVENUE, 401 LEFKOWITZ ET AL
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	ORLANDO FL 32803
TITLE		4.1 TITLE	Change
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY T. HIRST 15-FEB-96

Date

Daytime Phone #

CR2EE4 (12/95)