

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V28503 (3)

1. Corporation Name
THRIFT CENTER, INC.



Principal Place of Business Mailing Address
7001 MERRILL RD 7001 MERRILL RD
SUITE 40 SUITE 40
JACKSONVILLE FL 32277 JACKSONVILLE FL 32277

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	04/14/1992	05/18/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	58-2004076	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
24	25	29	30
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

SHAW, RON
313 PHEASANT RUN
PONTE VEDRA BEACH FL 32082

10. Name and Address of New Registered Agent

81 Name ROB SHAW
82 Street Address (P.O. Box Number is Not Acceptable) 11415 MOTOR YACHT CIR S.
83
84 City JACKSONVILLE FL 85 Zip Code 32225

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]

(NOTE: Registered Agent signature required when reinstating)

DATE: 4-15-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D SHAW, SHERI	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7001-40 MERRILL RD.	1.2 NAME	
STREET ADDRESS	JACKSONVILLE FL 32211	1.3 STREET ADDRESS	
CITY-STATE-ZIP		1.4 CITY-STATE-ZIP	
TITLE	VD SEFEROS, JACQUELINE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	24202 N. 86TH ST.	2.2 NAME	
STREET ADDRESS	SCOTTSDALE AZ 85255	2.3 STREET ADDRESS	
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
TITLE	VSTD SHAW, ROB	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7001-40 MERRILL RD.	3.2 NAME	
STREET ADDRESS	JACKSONVILLE FL 32211	3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	P SHAW, ROB	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7001-40 MERRILL RD.	4.2 NAME	
STREET ADDRESS	JACKSONVILLE FL 32211	4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)