

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 # **V36541** (3)

1. Corporation Name

THOMRUH, INC.



Principal Place of Business

Mailing Address

**1665 PALM BEACH LAKES BLVD.
SUITE 600
W PALM BEACH FL**

**1665 PALM BEACH LAKES BLVD.
SUITE 600
W PALM BEACH FL**

3. Date Incorporated or Qualified **05/14/1992** 3a. Date of Last Report **03/10/1995**

2. Principal Place of Business

2a. Mailing Address

21 **105 S. NARCISSUS AVE.**
Suite, Apt. #, etc.

26 **105 S. NARCISSUS AVE.**
Suite, Apt. #, etc.

4. FEI Number **65-0467615** Applied For
Not Applicable

22 **503**
City & State

27 **503**
City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

23 **West Palm Beach**
Zip Country

28 **West Palm Beach**
Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

24 **33401**

25 **Palm Bch**

29 **33401**

30 **Palm Beach**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHERRY, RICHARD G.
1665 PALM BEACH LAKES BLVD.
SUITE 600
W PALM BEACH FL**

81 Name **HUGO P. UNRUH**
82 Street Address (P.O. Box Number is Not Acceptable)
105 So. NARCISSUS AVE, SUITE 503
83
84 City **West Palm Beach** FL 85 Zip Code **33401**

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 *Hugo P. Unruh* **HUGO P. UNRUH** DATE **2/12/96**
Signature of registered agent and typed name of registered agent (if applicable) (NOTE: Registered Agent signature required when reinstating)

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	UNRUH, HUGO P	1.2 NAME	
STREET ADDRESS	105 S. NARCISSUS AVE. STE. 508	1.3 STREET ADDRESS	
CITY-STATE-ZIP	WEST PALM BCH. FL 33401	1.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, NORMAN	2.2 NAME	
STREET ADDRESS	105 S. NARCISSUS AVE. STE. 602	2.3 STREET ADDRESS	
CITY-STATE-ZIP	WEST PALM BCH. FL 33401	2.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UNRUH, PATRICIA	3.2 NAME	
STREET ADDRESS	105 S. NARCISSUS AVE. STE. 503	3.3 STREET ADDRESS	
CITY-STATE-ZIP	WEST PALM BCH FL 33401	3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVA-THOMAS, SUSAN	4.2 NAME	
STREET ADDRESS	105 S. NARCISSUS AVE. STE. 602	4.3 STREET ADDRESS	
CITY-STATE-ZIP	WEST PALM BCH. FL 33401	4.4 CITY-STATE-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-STATE-ZIP		5.4 CITY-STATE-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-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 *Hugo P. Unruh* **HUGO P. UNRUH** DATE **2/12/96** 407-835-8505
Signature and typed or printed name of signing officer or director

CR2E034 (12/95)