

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 # 831283 (7)
1. Corporation Name
BRIDAL FAIR, INC.



Principal Place of Business
**11248 JOHN GALT BLVD.
OMAHA NE 68137**

Mailing Address
**11248 JOHN GALT BLVD.
OMAHA NE 68137**

3. Date Incorporated or Qualified
11/16/1973

3a. Date of Last Report
05/01/1995

4. FEI Number
47-0522177

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
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	THIEBAUTH, SHERRY	
STREET ADDRESS	20580 RAWHIDE RD.	
CITY-ST-ZIP	ELKHORN NE	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	THIEBAUTH, BRUCE E.	
STREET ADDRESS	20580 RAWHIDE RD.	
CITY-ST-ZIP	ELKHORN NE	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOORE, DWIGHT J.	
STREET ADDRESS	20625 ROUNDUP CIR	
CITY-ST-ZIP	ELKHORN NE	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	STEFFEN, LESTER V.	
STREET ADDRESS	12410 CLARKSON AVE.	
CITY-ST-ZIP	OMAHA NE	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BARNHART, JACK	
STREET ADDRESS	11306 PIERCE ST	
CITY-ST-ZIP	OMAHA NE	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VINCENT, DARRELL	
STREET ADDRESS	11248 JOHN GALT BLVD.	
CITY-ST-ZIP	OMAHA NE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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: *Lester V. Steffen Sec 1 Bear* **3/26/96 (402) 592-8200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)