

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

**FILED**

**Apr 21 1997 8:00am**  
**Secretary of State**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



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 68137-2320**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified  
**11/16/1973**

3a. Date of Last Report  
**04/18/1996**

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**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 type: For printed name of registered agent and then it applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>THIEBAUTH, SHERRY</b>	
STREET ADDRESS	<b>20580 RAWHIDE RD.</b>	
CITY-ST-ZIP	<b>ELKHORN NE</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>THIEBAUTH, BRUCE E.</b>	
STREET ADDRESS	<b>20580 RAWHIDE RD.</b>	
CITY-ST-ZIP	<b>ELKHORN NE</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MOORE, DWIGHT J.</b>	
STREET ADDRESS	<b>20825 ROUNDUP CIR</b>	
CITY-ST-ZIP	<b>ELKHORN NE</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>STEFFEN, LESTER V.</b>	
STREET ADDRESS	<b>12410 CLARKSON AVE.</b>	
CITY-ST-ZIP	<b>OMAHA NE</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>VINCENT, DARRELL</b>	
STREET ADDRESS	<b>11248 JOHN GALT BLVD.</b>	
CITY-ST-ZIP	<b>OMAHA NE</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 checked="" type="checkbox"/> Addition
6.2 NAME	<b>DIRECTOR</b>
6.3 STREET ADDRESS	<b>THIEBAUTH, BRUCE R.</b>
6.4 CITY-ST-ZIP	<b>15112 Z STREET OMAHA NE 68137</b>

14. I do 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: Sherry Thiebauth** Sherry Thiebauth Vice President 04/12/97 402-592-8200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0499506

CR2E034 (9/96)