

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

FILED
May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 441130 (2)
1. Corporation Name
THALHEIMER & SONS, INC.



Principal Place of Business 2095 E TAMiami TRAIL NAPLES FL 33962-4636	Mailing Address 2095 E TAMiami TRAIL NAPLES FL 34112-4636
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2. Principal Place of Business 21 255 13TH AVE. So. Suite, Apt. #, etc.		2a. Mailing Address 26 SAME Suite, Apt. #, etc.		3. Date Incorporated or Qualified 12/03/1973		3a. Date of Last Report 04/24/1996	
22 City & State 23 NAPLES, FL		27 City & State 28		4. FEI Number 59-1497100		Applied For Not Applicable	
24 Zip 34102		25 Country USA		29 Zip 30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 NAPLES, FL		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 34102		25 USA		29		30	

9. Name and Address of Current Registered Agent WESTMAN, CARL E. C/O FROST & JACOBS 4001 TAMiami TRAIL NORTH NAPLES FL 33940				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 850 PARK SHORE Dr., 3RD FLOOR 83 84 City NAPLES FL 85 Zip Code 34103			
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	THALHEIMER, SELDA	1.2 NAME	
STREET ADDRESS	2360 KINGFISH RD	1.3 STREET ADDRESS	255 13TH AVE. So.
CITY- ST- ZIP	NAPLES FL	1.4 CITY- ST- ZIP	NAPLES, FLORIDA 34102
TITLE	SD	2.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	THALHEIMER, SANFORD C	2.2 NAME	
STREET ADDRESS	2269 QUEENS WAY	2.3 STREET ADDRESS	255 13TH AVE. So.
CITY- ST- ZIP	NAPLES FL	2.4 CITY- ST- ZIP	NAPLES, FLORIDA 34102
TITLE	VD	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	THALHEIMER, BRUCE	3.2 NAME	
STREET ADDRESS	3844 BOCA CIEGA DRIVE	3.3 STREET ADDRESS	255 13TH AVE. So.
CITY- ST- ZIP	NAPLES FL	3.4 CITY- ST- ZIP	NAPLES, FLORIDA 34102
TITLE		4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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 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:  SANDFORD C. THALHEIMER 1/30/97 941-261-8422
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0415136

CR2E034 (9/96)