

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

**FILED**  
**May 16 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # J16635 (1)**

1. Corporation Name  
**THALHEIMER'S JEWELERS, INC.**



Principal Place of Business <b>2095 E. TAMiami TRAIL                  P.O. BOX 7255                  NAPLES FL 33962-4636</b>	Mailing Address <b>2095 E. TAMiami TRAIL                  P.O. BOX 7255                  NAPLES FL 34101-7255</b>
--	--

3. Date Incorporated or Qualified <b>05/23/1986</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-2755161</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business <b>255 13TH AVE., So.</b> Suite, Apt. #, etc. <b>NAPLES, FL</b> City & State <b>34102</b> Zip Country <b>U.S.A.</b>	2a. Mailing Address <b>255 13TH AVE., So.</b> Suite, Apt. #, etc. <b>NAPLES, FL</b> City & State <b>34102</b> Zip Country <b>U.S.A.</b>
---	---

9. Name and Address of Current Registered Agent <b>WESTMAN, CARL E.                  1300 3RD ST. S.                  STE 303                  NAPLES FL 33940</b>	10. Name and Address of New Registered Agent 61 Name 62 Street Address (P.O. Box Number is Not Acceptable) <b>850 PARK SHORE DR. 3RD FLOOR</b> 63 64 City <b>NAPLES</b> FL 65 Zip Code <b>34103</b>
---	--

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	
TITLE <b>PTD</b>	<input type="checkbox"/> DELETE
NAME <b>THALHEIMER, SELDA</b>	
STREET ADDRESS <b>2360 KINGFISH RD.</b>	
CITY-ST-ZIP <b>NAPLES FL</b>	
TITLE <b>DV</b>	<input type="checkbox"/> DELETE
NAME <b>THALHEIMER, SANFORD</b>	
STREET ADDRESS <b>2095 E. TAMiami TRAIL</b>	
CITY-ST-ZIP <b>NAPLES FL</b>	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE
NAME <b>THALHEIMER, BRUCE</b>	
STREET ADDRESS <b>2095 E. TAMiami TRAIL</b>	
CITY-ST-ZIP <b>NAPLES FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>PRES. T, D.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>THALHEIMER, SELDA</b>	
1.3 STREET ADDRESS <b>2360 KING FISH RD.</b>	
1.4 CITY-ST-ZIP <b>NAPLES, FL 34</b>	
2.1 TITLE <b>THALHEIMER, SANFORD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>THALHEIMER, SANFORD</b>	
2.3 STREET ADDRESS <b>255 13TH AVE., So.</b>	
2.4 CITY-ST-ZIP <b>NAPLES, FL 34102</b>	
3.1 TITLE <b>THALHEIMER, SANFORD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>THALHEIMER, SANFORD</b>	
3.3 STREET ADDRESS <b>255 13TH AVE., So.</b>	
3.4 CITY-ST-ZIP <b>NAPLES, FL 34102</b>	
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 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: **SANFORD C. THALHEIMER** 1/30/97 941-261-8422  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)