

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

FILED

**May 06 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 495080 (4)

1. Corporation Name
PPW WATER CO., INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 222 S 15TH STE. 600 N OMAHA NE 68102 US	Mailing Address 222 S 15TH STE. 600 N OMAHA NE 68102 US
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3. Date Incorporated or Qualified 04/22/1976	
4. FEI Number 59-1672696	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Sulte, Apt. #, etc	26 Sulte, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 68102-1628	29 68102-1628
25	30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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	P	<input type="checkbox"/> DELETE
NAME	GERBER, WILLIAM J.	
STREET ADDRESS	222 SOUTH 15TH ST SUITE 600 NORTH	
CITY-ST-ZIP	OMAHA NE	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MACE, GEORGIA M.	
STREET ADDRESS	222 SOUTH 15TH ST SUITE 600 NORTH	
CITY-ST-ZIP	OMAHA NE	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KNOLLA, PETER A.	
STREET ADDRESS	222 SOUTH 15TH ST SUITE 600	
CITY-ST-ZIP	OMAHA NE	
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	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	68102-1628	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	68102-1628	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	68102-1628	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Coon, Kenneth, C.	
4.3 STREET ADDRESS	222 South 15th Street, Suite 600 North	
4.4 CITY-ST-ZIP	Omaha, Nebraska 68102-1628	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Nelson, John P.	
5.3 STREET ADDRESS	222 South 15th Street, Suite 600 North	
5.4 CITY-ST-ZIP	Omaha, Nebraska 68102-1628	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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.

Georgia M. Mace

Georgia M. Mace
Treasurer 4/15/98 (402) 344-8800

CR2E034 (10/97)