

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 # **495081** (2)

1. Corporation Name
PPW SEWER CO., INC.



Principal Place of Business: **C/O THE MAJOR GROUP, INC. 222 S. 15TH ST., STE 600 NORTH OMAHA NE 68102 US**

Mailing Address: **C/O THE MAJOR GROUP, INC. 222 S. 15TH ST., STE 600 NORTH OMAHA NE 68102 US**

3. Date Incorporated or Qualified: **04/22/1976**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)

4. FEI Number: **59-1672775**
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
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent (81-84)
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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: P	<input type="checkbox"/> DELETE	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GERBER, WILLIAM J.		1.2 NAME: 222 South 15th St. Suite 600 North Omaha, NE 68102-1628
STREET ADDRESS: 222 S. 15TH ST., STE 600 NORTH OMAHA NE		1.3 STREET ADDRESS: 222 South 15th St. Suite 600 North Omaha, NE 68102-1628
CITY-ST-ZIP: OMAHA NE		1.4 CITY-ST-ZIP: OMAHA NE 68102-1628
TITLE: T	<input type="checkbox"/> DELETE	2.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MACE, GEORGIA M.		2.2 NAME: 222 South 15th St. Suite 600 North Omaha, NE 68102-1628
STREET ADDRESS: 222 S. 15TH ST., STE 600 NORTH OMAHA NE		2.3 STREET ADDRESS: 222 South 15th St. Suite 600 North Omaha, NE 68102-1628
CITY-ST-ZIP: OMAHA NE		2.4 CITY-ST-ZIP: OMAHA NE 68102-1628
TITLE: S	<input type="checkbox"/> DELETE	3.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: KNOLLA, PETER A.		3.2 NAME: 222 South 15th St. Suite 600 North Omaha, NE 68102-1628
STREET ADDRESS: 222 S. 15TH ST., STE 600 NORTH OMAHA NE		3.3 STREET ADDRESS: 222 South 15th St. Suite 600 North Omaha, NE 68102-1628
CITY-ST-ZIP: OMAHA NE		3.4 CITY-ST-ZIP: OMAHA NE 68102-1628
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:
STREET ADDRESS:		4.3 STREET ADDRESS:
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:
STREET ADDRESS:		5.3 STREET ADDRESS:
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 checked or on an attachment with an address.

SIGNATURE: *Georgia M. Mace* **Georgia M. Mace Treasurer**
3-28-96 (402) 344-8800

CR2E034 (12/95)