

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

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

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 495081 (2)**  
 1. Corporation Name  
**PPW SEWER CO., INC.**



Principal Place of Business <b>C/O THE MAJOR GROUP, INC.          222 S. 15TH ST., STE 600 NORTH          OMAHA NE 68102          US</b>	Mailing Address <b>C/O THE MAJOR GROUP, INC.          222 S. 15TH ST., STE 600 NORTH          OMAHA NE 68102          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/22/1976</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-1672775</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	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	

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM          1200 SOUTH PINE ISLAND ROAD          PLANTATION FL 33324</b>				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>V/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GERBER, WILLIAM J.</b>	1.2 NAME	
STREET ADDRESS	<b>222 S. 15TH ST., STE 600 NORTH</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OMAHA NE</b>	1.4 CITY-ST-ZIP	<b>68102-1628</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>T/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MACE, GEORGIA M.</b>	2.2 NAME	
STREET ADDRESS	<b>222 S. 15TH ST., STE 600 NORTH</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OMAHA NE</b>	2.4 CITY-ST-ZIP	<b>68102-1628</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>S/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KNOLLA, PETER A.</b>	3.2 NAME	
STREET ADDRESS	<b>222 S. 15TH ST., STE 600 NORTH</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OMAHA NE</b>	3.4 CITY-ST-ZIP	<b>68102-1628</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>P/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>Coon, Kenneth C.</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>222 South 15th Street, Suite 600 North</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Omaha, Nebraska 68102-1628</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>Nelson, John P.</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>222 South 15th Street, Suite 600 North</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>Omaha, Nebraska 68102-1628</b>
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 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 Treasurer 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: \_\_\_\_\_ Treasurer **Georgia M. Mace** 4/15/98 (402) 344-8800

CR2E034 (10/97)