

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

FILED
May 12 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 # F94000001867 (0)
 1. Corporation Name
FORKE BROTHERS, THE AUCTIONEERS, INC.



Principal Place of Business 3901 FAULKNER DR. LINCOLN NE 68516	Mailing Address 3901 FAULKNER DR. LINCOLN NE 68516
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/11/1994	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 47-0773534	Applied For Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
25. Country		30. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

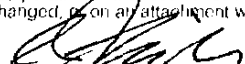
9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST., STE. 105 TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent	
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)	
83.				84. City	
				FL 85. Zip Code	

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 _____
 Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VCS	<input type="checkbox"/> DELETE	1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMPSON, IV D C		1.2 NAME	Chris L. Regas	
STREET ADDRESS	1245 BRIDGESTONE BLVD		1.3 STREET ADDRESS	9230 Beauclerc Circle East	
CITY-ST-ZIP	NASHVILLE TN		1.4 CITY-ST-ZIP	Jacksonville, FL 32257	
TITLE	V	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DULING, KEVIN G		2.2 NAME	C. Joe Lighter	
STREET ADDRESS	3901 FAULKNER DR.		2.3 STREET ADDRESS	12500 North 84th Street	
CITY-ST-ZIP	LINCOLN NE 68516		2.4 CITY-ST-ZIP	Lincoln NE 68517	
TITLE	T	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TVERSTOL, DOUGLAS J		3.2 NAME	Robert K. Whitsit	
STREET ADDRESS	3901 FAULKNER DR.		3.3 STREET ADDRESS	5933 Bartholomew Circle	
CITY-ST-ZIP	LINCOLN NE		3.4 CITY-ST-ZIP	Lincoln, NE 68512	
TITLE	V	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORKE, TED J		4.2 NAME	Leon Pappas	
STREET ADDRESS	3901 FAULKNER DR.		4.3 STREET ADDRESS	250 North Forsyth	
CITY-ST-ZIP	LINCOLN NE 68516		4.4 CITY-ST-ZIP	Clayton, NO 63105	
TITLE	V	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORKE, SCOTT L		5.2 NAME		
STREET ADDRESS	3901 FAULKNER DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	LINCOLN NE 68516		5.4 CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RINGHAVER, RANDAL L		6.2 NAME		
STREET ADDRESS	8050 PHILIPS HWY.		6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32232		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, on an attachment with an address.

SIGNATURE:  **C.J. Lighter** 4/27/98 (402)421-3631

CR2E034 (10/97)