

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F95 000006036

1. Corporation Name

Kirkpatrick, Pettis, Smith, Polian Inc.

Principal Place of Business

**10250 Regency Cir
 Suite 400
 Omaha, NE 68114**

Mailing Address

**10250 Regency Circle
 Suite 400
 Omaha, NE 68114**

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**The Prentice-Hall Corporation System, Inc.
 1201 Hays Street - Suite 105
 Tallahassee, FL 32301**

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. The only acceptable appointment of a new agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent (omit title) _____

(NOTE: Registered Agent signature required for all filings) _____

DATE _____

12. OFFICERS AND DIRECTORS

TITLE	V	XX DELETE
NAME	Kelly, John III	
STREET ADDRESS	310 S. 55th Street	
CITY-STATE-ZIP	Omaha, NE	
TITLE	V	XX DELETE
NAME	Clark, Cheryl	
STREET ADDRESS	1432 N. 131st Ave Cir	
CITY-STATE-ZIP	Omaha, NE 68154	
TITLE	[] DELETE	
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	[] DELETE	
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	[] DELETE	
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 NAME	Brian P. McGinty	[] DELETE	X ADD
12 NAME	Secretary / VP		
13 STREET ADDRESS	17075 Weir Street		
14 CITY-STATE-ZIP	Omaha, NE 68185		
15 TITLE	Exec. VP		X ADD
16 NAME	Doyle, Samuel		
17 STREET ADDRESS	10024 S. Spruce Mtn. Road		
18 CITY-STATE-ZIP	Larkspur, CO 80118		
19 TITLE			
20 NAME			
21 STREET ADDRESS			
22 CITY-STATE-ZIP			
23 TITLE			
24 NAME			
25 STREET ADDRESS			
26 CITY-STATE-ZIP			
27 TITLE			
28 NAME			
29 STREET ADDRESS			
30 CITY-STATE-ZIP			

FILED
 99 APR -1 AM 10:04
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

- 3. Date the report is filed: **10/17/95**
- 4. FEIN Number: **47-0301070**
- 5. Certificate of Status: **\$8.75** Annual Fee Required
- 6. Election Campaign Financing Trust Fund Contribution: **\$5.00** Min. Fee Added to Fee
- 8. This corporation owes the current year (filing) Personal Property Tax: Yes No
- 10. Name and Address of New Registered Agent

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplement 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 registered agent 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 my address, with an officer like empowered.

SIGNATURE: *Brian P. McGinty*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3) 00/99

402-397-5777

CR2E034 (1-1-99)

*1000
 4/11/99*