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SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Moorman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M06179 (9)

THE MAJOR GROUP, INC.

Principal Place of Business: 222 S. 15TH, SUITE 600 N OMAHA NE 68102
Mailing Address: 222 S. 15TH, SUITE 600 N OMAHA NE 68102

(DO NOT WRITE IN THIS SPACE)

3. Date first organized or qualified: 10/08/1984
3a. Date of last report: 05/20/1994

21. Principal Place of Business: Suite, Apt. # etc.	26. Mailing Address: Suite, Apt. # etc.	4. FEI Number: 25-1194781	Applied For: Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired: <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Country	28. Country	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	25. Country	29. Country	30. Country

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. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. State: FL

11. Pursuant to the provisions of Sections 607.012, 607.013 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, if any, and accepted the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 607.012, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS, if 1/2	
FILE	P	FILE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERBER, WILLIAM J	1. NAME	
STREET ADDRESS	222 S. 15TH ST, STE. 600 NORTH	2. STREET ADDRESS	
CITY, ST, ZIP	OMAHA NE 68102	3. CITY, ST, ZIP	
FILE	T	FILE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACE, GEORGIA M	4. NAME	
STREET ADDRESS	222 S. 15TH ST, STE. 600 NORTH	5. STREET ADDRESS	
CITY, ST, ZIP	OMAHA NE 68102	6. CITY, ST, ZIP	
FILE	S	FILE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOLIA, PETER A	7. NAME	
STREET ADDRESS	222 S. 15TH ST, STE. 600 NORTH	8. STREET ADDRESS	
CITY, ST, ZIP	OMAHA NE 68102	9. CITY, ST, ZIP	
FILE		FILE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, ST, ZIP	
FILE		FILE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		13. NAME	
STREET ADDRESS		14. STREET ADDRESS	
CITY, ST, ZIP		15. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing, voluntarily furnished and does not qualify for the exemption stated in Law News 119 (1/1/95), Florida Statutes. I further certify that the information included 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 officer or trustee empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or in an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPE OF (PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

04/29/95 (402) 344-8800