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29 MAY - 1 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 357284 (9)

1. Corporation Name
AMERICAN COMMUNITY SYSTEMS, INC.

Principal Place of Business
**% THE MAJOR GROUP, INC.
222 S. 15TH ST., STE 600 NORTH
OMAHA NE 68102**

Mailing Address
**% THE MAJOR GROUP, INC.
222 S. 15TH ST., STE 600 NORTH
OMAHA NE 68102**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/30/1969	3a. Date of Last Report 05/20/1994
4. FEI Number 59-1281712	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 190.033, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State Apt # etc	26. State Apt # etc
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
30. Country	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
% C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		B1. Name	
		B2. Street Address (if O. Box Number is Not Acceptable)	
		B3. City	
		B4. Zip Code	FL

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 of Professional Registered Agent (File with Application)

Signature of Registered Agent (File with Application)

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME STREET ADDRESS CITY & STATE	P GERBER, WILLIAM J. 222 S. 15TH ST., STE 600 NORTH OMAHA NE	13.1 TYPE NAME STREET ADDRESS CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition OMAHA, NE 68102
12.2 NAME STREET ADDRESS CITY & STATE	T MACE, GEORGIA M. 222 S. 15TH ST., STE 600 NORTH OMAHA NE	13.2 TYPE NAME STREET ADDRESS CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition OMAHA, NE 68102
12.3 NAME STREET ADDRESS CITY & STATE	S KNOLLA, PETER A. 222 S. 15TH ST., STE 600 NORTH OMAHA NE	13.3 TYPE NAME STREET ADDRESS CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition OMAHA, NE 68102
12.4 NAME STREET ADDRESS CITY & STATE		13.4 TYPE NAME STREET ADDRESS CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME STREET ADDRESS CITY & STATE		13.5 TYPE NAME STREET ADDRESS CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME STREET ADDRESS CITY & STATE		13.6 TYPE NAME STREET ADDRESS CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.033, Florida Statutes. I further certify that the information contained 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 any officer or director of this corporation at the time of the filing of this report is not a resident of Florida and that the report is required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/95 (402) 344-8800