

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

12/30/1969

3a. Date of Last Report

05/01/1995

4. FEI Number

59-1281712

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

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 or principal officer

Signature typed or printed name of registered agent or principal officer

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P  
NAME GERBER, WILLIAM J.  
STREET ADDRESS 222 S. 15TH ST., STE 600 NORTH  
CITY-ST-ZIP OMAHA NE

TITLE ☐ DELETE

T  
NAME MACE, GEORGIA M.  
STREET ADDRESS 222 S. 15TH ST., STE 600 NORTH  
CITY-ST-ZIP OMAHA NE

TITLE ☐ DELETE

S  
NAME KNOLLA, PETER A.  
STREET ADDRESS 222 S. 15TH ST., STE 600 NORTH  
CITY-ST-ZIP OMAHA NE

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

222 South 15th St., Suite 600 North  
Omaha, NE 68102-1628

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

222 South 15th St., Suite 600 North  
Omaha, NE 68102-1628

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

222 South 15th St., Suite 600 North  
Omaha, NE 68102-1628

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Georgia M. Mace Treasurer

3-28-96 (402) 344-8800

CR2E034 (12/95)