

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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 Mailing Address
% THE MAJOR GROUP, INC.
222 S. 15TH ST., STE 600 NORTH
OMAHA NE 68102
% THE MAJOR GROUP, INC.
222 S. 15TH ST., STE 600 NORTH
OMAHA NE 68102-1628
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/30/1969	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1281712	
24 68102-1628		29 68102-1628		Applied For	
				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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 (P.O. Box Number is Not Acceptable)			
				B3			
				B4 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	P	<input type="checkbox"/> DELETE		1.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GERBER, WILLIAM J.			1.2 NAME			
STREET ADDRESS	222 SOUTH 15TH ST. SUITE 600 NORTH			1.3 STREET ADDRESS			
CITY-ST-ZIP	OMAHA NE			1.4 CITY-ST-ZIP			68102-1628
TITLE	T	<input type="checkbox"/> DELETE		2.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MACE, GEORGIA M.			2.2 NAME			
STREET ADDRESS	222 SOUTH 15TH ST. SUITE 600 NORTH			2.3 STREET ADDRESS			
CITY-ST-ZIP	OMAHA NE			2.4 CITY-ST-ZIP			68102-1628
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KNOLLA, PETER A.			3.2 NAME			
STREET ADDRESS	222 SOUTH 15TH ST. SUITE 600 NORTH			3.3 STREET ADDRESS			
CITY-ST-ZIP	OMAHA NE			3.4 CITY-ST-ZIP			68102-1628
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				4.2 NAME	Coon, Kenneth C.		
STREET ADDRESS				4.3 STREET ADDRESS	222 South 15th Street, Suite 600 North		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	Omaha, Nebraska 68102-1628		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				5.2 NAME	Nelson, John P.		
STREET ADDRESS				5.3 STREET ADDRESS	222 South 15th Street, Suite 600 North		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	Omaha, Nebraska 68102-1628		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, or on an attachment with an address.

Georgia M. Mace

CR2E034 (10/97)