

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 # 495081 (2)

1. Corporation Name
PPW SEWER CO., INC.



Principal Place of Business: C/O THE MAJOR GROUP, INC. 222 S. 15TH ST., STE 600 NORTH OMAHA NE 68102 US
Mailing Address: C/O THE MAJOR GROUP, INC. 222 S. 15TH ST., STE 600 NORTH OMAHA NE 68102 US

3. Date Incorporated or Qualified: 04/22/1976
3a. Date of Last Report: 05/01/1995

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

4. FEI Number: 59-1672775
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

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 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P GERBER, WILLIAM J. 222 S. 15TH ST., STE 600 NORTH OMAHA NE	1 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	222 South 15th St. Suite 600 North
STREET ADDRESS		13 STREET ADDRESS	Omaha, NE 68102-1628
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	T MACE, GEORGIA M. 222 S. 15TH ST., STE 600 NORTH OMAHA NE	2 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	222 South 15th St. Suite 600 North
STREET ADDRESS		23 STREET ADDRESS	Omaha, NE 68102-1628
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	S KNOLLA, PETER A. 222 S. 15TH ST., STE 600 NORTH OMAHA NE	3 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	222 South 15th St. Suite 600 North
STREET ADDRESS		33 STREET ADDRESS	Omaha, NE 68102-1628
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 checked or on an attachment with an address.

SIGNATURE: _____ Georgia M. Mace Treasurer
3-28-96 (402) 344-8800

CR2E034 (12/95)