

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

APPROVED  
AND  
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20 MAY - 1 AM 2:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **F81962** (5)

1. Corporation Name  
**RADICE CAPITAL CORP.**

Principal Place of Business  
**C/O THE MAJOR GROUP, INC  
222 S. 15TH STREET STE 600 N  
OMAHA NE 68102**

Mailing Address  
**C/O THE MAJOR GROUP, INC.  
222 S. 15TH STREET STE 600 N  
OMAHA NE 68102**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/19/1982** 3a. Date of Last Report **05/20/1994**

4. FEI Number **59-2191842** 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. 197.032 Florida Statutes  Yes  No

2. Principal Place of Business		2a. Mailing Address	
21		26	
State Apt. # etc.		State Apt. # etc.	
22		27	
City & State		City & State	
23		28	
Zip		Zip	
24	Country	29	Country
25		30	

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

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
B5	Zip Code

11. Pursuant to the provisions of Sections 607.2032 and 607.1506, 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.1505, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

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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(4)(b), 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. But I am an officer or director of the corporation or the receiver or trustee empowered to execute the report as 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  
Date Telephone Number