


FILED


Feb 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

Feb 25 1997 8:00am  
Secretary of State



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 68102-1628

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

3. Date Incorporated or Qualified  
05/19/1982

3a. Date of Last Report  
04/11/1996

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

7. 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  
Signature of person who is the registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
10.1 TITLE  
10.2 NAME  
10.3 STREET ADDRESS  
10.4 CITY-STATE-ZIP  
10.5 TITLE  
10.6 NAME  
10.7 STREET ADDRESS  
10.8 CITY-STATE-ZIP  
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10.99 STREET ADDRESS  
10.100 CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
11.1 TITLE  
11.2 NAME  
11.3 STREET ADDRESS  
11.4 CITY-STATE-ZIP  
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11.100 CITY-STATE-ZIP

14. I do 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 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; 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 and Printed Name of Signing Officer or Director  
Georgia M. Mace 2-18-97 (402) 344-8800  
Date Daytime Phone #

CR2E034 (9/96)