


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
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 68102-1628 25	29 68102-1628 30

3. Date Incorporated or Qualified 05/19/1982	
4. FEI Number 59-2191842	Applied For <input type="checkbox"/> 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

**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

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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	GERBER, WILLIAM J.
STREET ADDRESS	222 S. 15TH ST., STE 600 NORTH
CITY-ST-ZIP	OMAHA NE 68102-1628
TITLE	T <input type="checkbox"/> DELETE
NAME	MACE, GEORGIA M.
STREET ADDRESS	222 S. 15TH ST., STE 600 NORTH
CITY-ST-ZIP	OMAHA NE 68102-1628
TITLE	S <input type="checkbox"/> DELETE
NAME	KNOLLA, PETER A.
STREET ADDRESS	222 S. 15TH STREET, STE 600 NORTH
CITY-ST-ZIP	OMAHA NE 68102-1628
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	68102-1628
2.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	68102-1628
3.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	68102-1628
4.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Coon, Kenneth C.
4.3 STREET ADDRESS	222 South 15th Street, Suite 600 North
4.4 CITY-ST-ZIP	Omaha, Nebraska 68102-1628
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Nelson, John P.
5.3 STREET ADDRESS	222 South 15th Street, Suite 600 North
5.4 CITY-ST-ZIP	Omaha, Nebraska 68102-1628
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE _____
 Treasurer 4/15/98 (402) 344 8800

CR2E034 (10/97)