

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F95000000371 (3)

1. Corporation Name

CALLS FOR LESS, INC.



Principal Place of Business

Mailing Address

9915 S. 148TH ST.
 OMAHA NE 68138

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 OMAHA NE 68138

3. Date Incorporated or Qualified 01/23/1995	3a. Date of Last Report
4. FEI Number 47-0781481	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS ST., STE. 105
 TALLAHASSEE FL 32301**

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

Signature of officer or individual registered agent and title (if applicable)

(NOTE: Registered Agent signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAPP, WILLIAM D	12 NAME	
STREET ADDRESS	102 NOBLE DR.	13 STREET ADDRESS	
CITY-ST-ZIP	ASHLAND NE 68003	14 CITY-ST-ZIP	
TITLE	CV <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, TIMOTHY P	22 NAME	
STREET ADDRESS	RR1, BOX 615	23 STREET ADDRESS	
CITY-ST-ZIP	JEFFERSON SD 57038	24 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSH, ALLEN J	32 NAME	
STREET ADDRESS	17616 TROON CIRCLE	33 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE 68137	34 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, KATHLEEN S	42 NAME	
STREET ADDRESS	1040 RIVER DR.	43 STREET ADDRESS	
CITY-ST-ZIP	SIoux CITY IA 51109	44 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAPP, LEE H	52 NAME	
STREET ADDRESS	1882 S 114TH ST	53 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE 68144	54 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	61 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAPP, RAY H	62 NAME	John Hoffert
STREET ADDRESS	17501 AUGUSTA DR.	63 STREET ADDRESS	2412 North 161 Street
CITY-ST-ZIP	OMAHA NE 68136	64 CITY-ST-ZIP	Omaha, NE 68116

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 617, 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 TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/96

467-895-7202

CR2E034 (3/96)