

FILED
 May 13 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
 Sandra S. Northam
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # F95000000371 (3)
 1. Corporation Name
CALLS FOR LESS, INC.

Principal Place of Business Mailing Address
 8615 S. 148TH ST. 8615 S. 148TH ST.
 OMAHA NE 68199 OMAHA NE 68139-3622

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

3. Date Incorporated or Qualified 3a. Date of Last Report
 01/23/1995 08/19/1996

4. FEI Number Applied For
 47-0781481 Not Applicable

5. Certificate of Status Desired \$5.75 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

8. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS ST., STE. 105
 TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 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 (print or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS DELETE

TITLE	CP
NAME	SAPP, WILLIAM D
STREET ADDRESS	102 NOBLE DR.
CITY-ST-ZIP	ASHLAND NE 68003
TITLE	CV
NAME	JONES, TIMOTHY P
STREET ADDRESS	RR1, BOX 815
CITY-ST-ZIP	JEFFERSON SD 57038
TITLE	DT
NAME	MARSH, ALLEN J
STREET ADDRESS	17816 TROON CIRCLE
CITY-ST-ZIP	OMAHA NE 68137
TITLE	DS
NAME	JONES, KATHLEEN S
STREET ADDRESS	1040 RIVER DR.
CITY-ST-ZIP	SIOUX CITY IA 51109
TITLE	D
NAME	SAPP, LEE H
STREET ADDRESS	1882 S 114TH ST
CITY-ST-ZIP	OMAHA NE 68144
TITLE	D
NAME	JOHN HOPPERT
STREET ADDRESS	2412 N. 161 ST.
CITY-ST-ZIP	OMAHA NE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

Handwritten signature and date: 5/13/97

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(5)(c), 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kathleen S. Jones* *(402) 895-2202*
 SECRETARY AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR DATE OFFICE PHONE #
 Secretary 0600991

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