

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90015 043 ***150.00

0555997

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # F95000000371

1. Corporation Name
CALLS FOR LESS, INC.



Principal Place of Business ATTN: TERRY ANDERSON P.O. BOX 1550 N. SIOUX CITY SD 57049	Mailing Address ATTN: TERRY ANDERSON P.O. BOX 1550 N. SIOUX CITY SD 57049
--	--

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 01/23/1995	Applied For Not Applicable
4. FEI Number 47-0781481	
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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. 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
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	CP	<input checked="" type="checkbox"/> DELETE
NAME	SAPP, WILLIAM D	
STREET ADDRESS	102 NOBLE DR.	
CITY-ST-ZIP	ASHLAND NE 68003	
TITLE	CV	<input type="checkbox"/> DELETE
NAME	JONES, TIMOTHY P	
STREET ADDRESS	RR1, BOX 615	
CITY-ST-ZIP	JEFFERSON SD 57038	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	MARSH, ALLEN J	
STREET ADDRESS	17616 TROON CIRCLE	
CITY-ST-ZIP	OMAHA NE 68137	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	JONES, KATHLEEN S	
STREET ADDRESS	1040 RIVER DR.	
CITY-ST-ZIP	SIOUX CITY IA 51109	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SAPP, LEE H	
STREET ADDRESS	1882 S 114TH ST	
CITY-ST-ZIP	OMAHA NE 68144	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JOHN HOFFERT	
STREET ADDRESS	2412 N. 161 ST.	
CITY-ST-ZIP	OMAHA NE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Dennis Stoutenburgh	
1.3 STREET ADDRESS	14651 Dallas Parkway Suite 905	
1.4 CITY-ST-ZIP	Dallas, TX 75240	
2.1 TITLE	VP Sales	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Timothy P Jones	
2.3 STREET ADDRESS	725 N. Derby Lane	
2.4 CITY-ST-ZIP	North Sioux City, SD 57049	
3.1 TITLE	Senior VP/CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	David Darnell	
3.3 STREET ADDRESS	14651 Dallas Parkway Suite 905	
3.4 CITY-ST-ZIP	Dallas, TX 75240	
4.1 TITLE	VP Operagtions/Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Kathleen S. Jones	
4.3 STREET ADDRESS	725 N. Derby, N. Sioux City, SD	
4.4 CITY-ST-ZIP		
5.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	David Surette	
5.3 STREET ADDRESS	14651 Dallas Parkway Suite 905	
5.4 CITY-ST-ZIP	Dallas, TX 75240	
6.1 TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Reid Presson	
6.3 STREET ADDRESS	14651 Dallas Parkway Suite 905	
6.4 CITY-ST-ZIP	Dallas, TX 75240	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: Katherine Harris **REQUIRED** DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)