

FILED
May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Corporation Name
FINANCIAL BROKERAGE, INC.

Principal Place of Business	Mailing Address
2238 SOUTH 156TH CIRCLE OMAHA NE 68130	2238 SOUTH 156TH CIRCLE OMAHA NE 68130-2505

3. Date Incorporated or Qualified 03/12/1996		3a. Date of Last Report	
4. FEI Number 47-0738452		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		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCDT <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROGAN, GEORGE C	1.2 NAME	
STREET ADDRESS	8420 WEST DODGE ROAD #500	1.3 STREET ADDRESS	2238 SOUTH 156TH CIRCLE
CITY-ST-ZIP	OMAHA NE	1.4 CITY-ST-ZIP	OMAHA, NE 68130
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	V/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MISEK, JOLEEN	2.2 NAME	
STREET ADDRESS	8420 WEST DODGE ROAD #500	2.3 STREET ADDRESS	2238 SOUTH 156TH CIRCLE
CITY-ST-ZIP	OMAHA NE	2.4 CITY-ST-ZIP	OMAHA, NE 68130
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	JOHN W NEPPL
STREET ADDRESS		3.3 STREET ADDRESS	2238 SOUTH 156TH CIRCLE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	OMAHA, NE 68130
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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 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:

SIGNATURE OF JOHN MCNEPL

04/30/97 (402) 697-9998

Date _____ Daytime Phone _____

CB2F034 (0/06)