

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

FILED  
May 06 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **M06179** (9)  
1. Corporation Name  
**THE MAJOR GROUP, INC.**

Principal Place of Business <b>222 S. 15TH. SUITE 600 N OMAHA NE 68102</b>	Mailing Address <b>222 S. 15TH. SUITE 600 N OMAHA NE 68102</b>
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/08/1984</b>	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number <b>25-1194781</b>	Applied For Not Applicable
23 Zip <b>68102-1628</b>	Country	28 Zip <b>68102-1628</b>	Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
				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				10. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSYTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	<b>FL</b> 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	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>V/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GERBER, WILLIAM J</b>	1.2 NAME	
STREET ADDRESS	<b>222 S. 15TH ST, STE. 600 NORTH</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OMAHA NE 68102</b>	1.4 CITY-ST-ZIP	<b>68102-1628</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>T/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MACE, GEORGIA M</b>	2.2 NAME	
STREET ADDRESS	<b>222 S. 15TH ST, STE. 600 NORTH</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OMAHA NE 68102</b>	2.4 CITY-ST-ZIP	<b>68102-1628</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>S/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KNOLLA, PETER</b>	3.2 NAME	
STREET ADDRESS	<b>222 S. 15TH ST, STE. 600 NORTH</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OMAHA NE</b>	3.4 CITY-ST-ZIP	<b>68102-1628</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>P/D Coon, Kenneth C.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>222 South 15th Street, Suite 600 North</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>Omaha, Nebraska 68102-1628</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>Nelson, John P.</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>222 South 15th Street, Suite 600 North</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>Omaha, Nebraska 68102-1628</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 any attachment with an address.

Georgia M. Mace

Treasurer 4/15/98 (402) 344-8800

CR2E034 (10/97)