


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

**FILED**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90015 006 \*\*\*150.00

0060943

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

**DOCUMENT # P94000008423**

1. Corporation Name  
**THE JEFFERSON NATIONAL MANAGEMENT COMPANY**



Principal Place of Business 1031 W.MORSE BLVD SUITE 250 WINTER PARK FL 32789 US	Mailing Address 1031 W.MORSE BLVD SUITE 250 WINTER PARK FL 32789 US
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified <b>02/01/1994</b>	4. FEI Number <b>59-3221147</b>	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**SWANN, HADLEY D**  
**1031 W.MORSE BLVD**  
**270**  
**WINTER PARK FL 32789**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MCAULIFFE, TERENCE R	
STREET ADDRESS	816 CONNECTICUT AVE. N.W. 11TH FLR	
CITY-ST-ZIP	WASHINGTON DC 20006	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	MCAULIFFE, DOROTHY S	
STREET ADDRESS	816 CONNECTICUT AVE. N.W. 11TH FLR	
CITY-ST-ZIP	WASHINGTON DC 20006	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SWANN, CHRISTIAN M.	
STREET ADDRESS	1031 W.MORSE BLVD, SUITE 270	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SWANN, RICHARD R	
STREET ADDRESS	1031 W. MORSE BLVD. SUITE 270	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ABNER, SHARON B	
STREET ADDRESS	1031 W. MORSE BLVD. SUITE 270	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	ASST	<input type="checkbox"/> DELETE
NAME	BROWN, KAREN M	
STREET ADDRESS	1031 W. MORSE BLVD. SUITE 270	
CITY-ST-ZIP	WINTER PARK FL 32789	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	McAuliffe, Terence R.	
1.3 STREET ADDRESS	7527 Old Dominion	
1.4 CITY-ST-ZIP	McLean, VA 22102	
2.1 TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	McAuliffe, Dorothy S.	
2.3 STREET ADDRESS	7527 Old Dominion	
2.4 CITY-ST-ZIP	McLean, VA 22102	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ **SIGNATURE REQUIRED** \_\_\_\_\_ Date: **4-08-99** Daytime Phone #: **407-643-8977**

CR2E034 (11/98)