

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

FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000089159 (3)
 1. Corporation Name
JUPITER FINANCIAL CORPORATION

Principal Place of Business C/O THE OLD MOUNTAIN COMPANY, INC. 551 FIFTH AVE., SUITE 1916 NEW YORK NY 10176	Mailing Address C/O THE OLD MOUNTAIN COMPANY, INC. 551 FIFTH AVE., SUITE 1916 NEW YORK NY 10176
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address c/o Jupiter
21 Suite, Apt. #, etc.	26 Finance Company, Ltd.
22 City & State	27 U.S. Highway 1, Ste. 205
23 Zip	28 Jupiter, FL
24 Country	29 33477
25 Country	30 USA

3. Date Incorporated or Qualified 10/29/1996
4. FEI Number 65-0720583
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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

KINSOLVING, LAURENCE E
ONE HABROUR PLACE
SUITE 400
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name CT Corporation System
82 Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road
83
84 City Plantation
85 Zip Code FL 33324

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 607.005, Florida Statutes.

SIGNATURE *Anne E. Staman* DATE **3/6/98**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FIELD, MARSHALL V	
STREET ADDRESS	551 FIFTH AVE., SUITE 1916	
CITY-ST-ZIP	NEW YORK NY 10176	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BOBAK, THOMAS R	
STREET ADDRESS	1001 N. US HIGHWAY 1-SUITE 205	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PIROVANO, JOHN A	
STREET ADDRESS	551 FIFTH AVE., SUITE 1916	
CITY-ST-ZIP	NEW YORK NY 10176	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	225 WEST WACKER DRIVE, SUITE 1500
1.4 CITY-ST-ZIP	CHICAGO, IL 60606
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	P
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	V
4.3 STREET ADDRESS	LYNN M. PAIGE
4.4 CITY-ST-ZIP	1001 N. U.S. HIGHWAY 1, SUITE 205
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	S
5.3 STREET ADDRESS	CHRISTINE SVEC
5.4 CITY-ST-ZIP	225 WEST WACKER DRIVE, SUITE 1500
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	T
6.3 STREET ADDRESS	RONALD J. SPIOTTA
6.4 CITY-ST-ZIP	225 WEST WACKER DRIVE, SUITE 1500

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.

SIGNATURE: *Christine Svec* **Christine Svec** **3/6/98** **312-917-1813**

CR2E034 (10/97)