

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

FILED
Apr 14 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 # P97000043025 (0)
 1. Corporation Name
JEFFERSON CAPITAL HOLDINGS, INC.



Principal Place of Business 1031 WEST MORSE BLVD. WINTER PARK FL 32789	Mailing Address 1031 WEST MORSE BLVD. WINTER PARK FL 32789
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1031 W. Morse Blvd.		2a. Mailing Address 26 1031 W. Morse Blvd.		3. Date Incorporated or Qualified 05/15/1997	
Suite, Apt. #, etc. 22 Suite 250		Suite, Apt. #, etc. 27 Suite 250		4. FEI Number 59-3175010	
City & State 23 Winter Park, FL		City & State 28 Winter Park, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 32789		Country 25 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29 USA		Zip 30 32789		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 MILLER, TRAVIS L 108 EAST COLLEGE AVENUE SUITE 1200 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	
				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCAULIFFE, TERENCE R	1.2 NAME	
STREET ADDRESS	7527 OLD DOMINION DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MCLEAN VA	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYDECKER, CHARLES H	2.2 NAME	
STREET ADDRESS	18 BROAD RIVER ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERR, WILLIAM A	3.2 NAME	
STREET ADDRESS	910 CUMBERLAND ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEDY, CLAUDIA J	4.2 NAME	
STREET ADDRESS	QUARTERS 21-2	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT MCNAIR WASHINGTON DC	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLLACK, GEORGE I	5.2 NAME	
STREET ADDRESS	10102 NW 13TH COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, JACK P	6.2 NAME	
STREET ADDRESS	400 SEVENTH STREET NW	6.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	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 of the corporation and 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 this report.

SIGNATURE: _____ DATE: **4/13/98** **907644-006**

CFR2E034 (10/97)