

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		4. FEI Number 59-3175010		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc. 22 Suite 250		Suite, Apt. #, etc. 27 Suite 250		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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
City & State 23 Winter Park, FL		City & State 28 Winter Park, FL		Zip 24 32789		Country 25 USA		Zip 29 32789	
Country 25 USA		Country 30 USA							

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
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	MCAULIFFE, TERENCE R
STREET ADDRESS	7527 OLD DOMINION DR.
CITY-ST-ZIP	MCLEAN VA
TITLE	D <input type="checkbox"/> DELETE
NAME	LYDECKER, CHARLES H
STREET ADDRESS	18 BROAD RIVER ROAD
CITY-ST-ZIP	ORMOND BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	KERR, WILLIAM A
STREET ADDRESS	910 CUMBERLAND ROAD
CITY-ST-ZIP	PITTSBURGH PA
TITLE	D <input type="checkbox"/> DELETE
NAME	KENNEDY, CLAUDIA J
STREET ADDRESS	QUARTERS 21-2
CITY-ST-ZIP	FT MCNAIR WASHINGTON DC
TITLE	D <input type="checkbox"/> DELETE
NAME	POLLACK, GEORGE I
STREET ADDRESS	10102 NW 13TH COURT
CITY-ST-ZIP	PLANTATION FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MOORE, JACK P
STREET ADDRESS	400 SEVENTH STREET NW
CITY-ST-ZIP	WASHINGTON DC

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 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 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: _____ **4/13/98** **907644-006**

CFR2E034 (10/97)