

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

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PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000001872 (8) 1. Corporation Name J & E INSTITUTE, INC.

Principal Place of Business 4110 SOUTHPOINT BOULEVARD #229 JACKSONVILLE FL 32216	Mailing Address 4110 SOUTHPOINT BOULEVARD #229 JACKSONVILLE FL 32216-0928
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent WICKLANDER, GENE 4110 SOUTHPOINT BLVD., #229 JACKSONVILLE FL 32216
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3. Date Incorporated or Qualified 04/16/1996	3a. Date of Last Report
4. FEI Number 52-1404561	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

12. OFFICERS AND DIRECTORS	
TITLE	PCDT <input type="checkbox"/> DELETE
NAME	EMERY SR, JOHN L
STREET ADDRESS	1100 WAYNE AVENUE #820
CITY-ST-ZIP	SILVER SPRING MD
TITLE	VSD <input type="checkbox"/> DELETE
NAME	EMERY, PATRICE T
STREET ADDRESS	1100 WAYNE AVENUE #820
CITY-ST-ZIP	SILVER SPRING MD
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	300002284549--D
1.3 STREET ADDRESS	-09/04/97--01046--010
1.4 CITY-ST-ZIP	****173.75 ****173.75
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 do 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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

CR2E034 (9/96)



J & E ASSOCIATES, INC.

CORPORATE OFFICE

1100 Wayne Avenue
Suite 820
Silver Spring, MD 20910
(301) 495-0400
(301) 495-8984 FAX

REGIONAL OFFICES

California
7825 Fay Avenue
Suite 200
LaJolla, Ca 92037

Colorado
8960 Wolff Court
Suite 200, Unit 1
Westminster, Colorado 80030

Georgia
3340 Peachtree Road, NE
Suite 1800
Atlanta, GA 30326

Florida
4110 Southpoint Boulevard
Suite 229
Jacksonville, Florida 32216

Illinois
203 North LaSalle
Suite 2100
Chicago, Illinois 60601

Pennsylvania
3 Neshaminy Interplex
Suite 41
Trevose, Pennsylvania 19047

Washington
1420 5th Avenue
Suite 2220
Seattle, Washington 98101

July 31, 1997

Ms. Jane Stears
Division of Corporations
Attn: Annual Reports
PO Box 6327
Tallahassee, Florida 32314

Dear Ms. Stears:

J & E Associates, Inc. did not receive a 1997 Profit Corporation Annual Report packet until July 17, 1997. The packet we received was stamped "2ND NOTICE" and included a \$385.00 late fee. In light of this, please waive the \$385.00 late filing fee. J & E Associates, Inc. will file the annual report and remit payment less the late filing fee.

If you have any questions concerning this letter, please do not hesitate to contact Davidia Thompson at (301) 495-0400 extension #287. Thank You.

Sincerely,

John L. Emery Sr.
President/CEO