

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

FILED  
Apr 27 1998 8:00am  
Secretary of State

|                                                |                                                                                   |                                                                                                   |
|------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Morham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|

DOCUMENT #

1. Corporation Name

JMAC DEVELOPMENT OF FLORIDA, INC.

|                                                                              |                                                                         |
|------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Principal Place of Business                                                  | Mailing Address                                                         |
| CT CORPORATION SYSTEM<br>8751 WEST BROWARD BLVD<br>PLANTATION FL 33324<br>US | CT CORPORATION<br>1200 SOUTH PINE ISLAND RD<br>PLANTATION FL 33324-4413 |

DO NOT WRITE IN THIS SPACE

|                                                                                                    |  |                        |  |                                   |  |
|----------------------------------------------------------------------------------------------------|--|------------------------|--|-----------------------------------|--|
| 2. Principal Place of Business                                                                     |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified |  |
| 21 Suite, Apt. #, etc.                                                                             |  | 26 Suite, Apt. #, etc. |  | 6/08/1989                         |  |
| 22 City & State                                                                                    |  | 27 City & State        |  | 4. FEI Number                     |  |
| 23 Zip                                                                                             |  | 28 Zip                 |  | 58-1846641                        |  |
| 24 Country                                                                                         |  | 29 Country             |  | 30 Applied For                    |  |
|                                                                                                    |  |                        |  | Not Applicable                    |  |
| 5. Certificate of Status Desired                                                                   |  |                        |  | 8.75 Additional Fee Required      |  |
| 6. Election Campaign Financing Trust Fund Contribution                                             |  |                        |  | 5.00 May Be Added to Fees         |  |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 |  |                        |  | Yes No                            |  |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S PINE ISLAND ROAD  
PLANTATION FL 33324

|                                                       |
|-------------------------------------------------------|
| 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

Signature (Typed or printed name of registered agent is also acceptable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                                | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                  |
|----------------------------|--------------------------------|--------------------------------------------------------|----------------------------------|
| TITLE                      | D                              | 1.1 TITLE                                              | DIRECTOR/PRESIDENT               |
| NAME                       | MICHAEL H THOMAS               | 1.2 NAME                                               | JOHN S CHRISTIE                  |
| STREET ADDRESS             | 150 E WILSON BRIDGE RD STE 230 | 1.3 STREET ADDRESS                                     | 150 E WILSON BRIDGE ROAD STE 230 |
| CITY-ST-ZIP                | WORTHINGTON OH 43085           | 1.4 CITY-ST-ZIP                                        | WORTHINGTON OH 43085             |
| TITLE                      | DIRECTOR-EXEC. V.P./ASST       | 2.1 TITLE                                              | BRET B KLISARES V.P.             |
| NAME                       | EDWARD J JONES                 | 2.2 NAME                                               | 150 E WILSON BRIDGE RD STE 230   |
| STREET ADDRESS             | 1105 N MARKET ST STE 1300      | 2.3 STREET ADDRESS                                     | WORTHINGTON OH 43085             |
| CITY-ST-ZIP                | WILMINGTON DE 19899            | 2.4 CITY-ST-ZIP                                        |                                  |
| TITLE                      | JOHN H McCONNELL               | 3.1 TITLE                                              | MICHAEL A PRIEST /SECY/TREASURER |
| NAME                       | 150 E WILSON BRIDGE RD STE 230 | 3.2 NAME                                               | 150 E WILSON BRIDGE RD STE 230   |
| STREET ADDRESS             | WORTHINGTON OH 43085           | 3.3 STREET ADDRESS                                     | WORTHINGTON OH 43085             |
| CITY-ST-ZIP                |                                | 3.4 CITY-ST-ZIP                                        |                                  |
| TITLE                      | JOHN P McCONNELL               | 4.1 TITLE                                              |                                  |
| NAME                       | 150 E WILSON BRIDGE RD STE 230 | 4.2 NAME                                               | 300002502173                     |
| STREET ADDRESS             | WORTHINGTON OH 43085           | 4.3 STREET ADDRESS                                     | -04/28/98-01001-027              |
| CITY-ST-ZIP                |                                | 4.4 CITY-ST-ZIP                                        | ***150.00                        |
| TITLE                      | DALE BRINKMAN                  | 5.1 TITLE                                              |                                  |
| NAME                       | 150 E WILSON BRIDGE RD STE 230 | 5.2 NAME                                               |                                  |
| STREET ADDRESS             | WORTHINGTON OH 43085           | 5.3 STREET ADDRESS                                     |                                  |
| CITY-ST-ZIP                |                                | 5.4 CITY-ST-ZIP                                        |                                  |
| TITLE                      |                                | 6.1 TITLE                                              |                                  |
| NAME                       |                                | 6.2 NAME                                               |                                  |
| STREET ADDRESS             |                                | 6.3 STREET ADDRESS                                     |                                  |
| CITY-ST-ZIP                |                                | 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.

SIGNATURE:

JMAC DEVELOPMENT OF FLORIDA, INC.

March 16, 1998

CR2E034 (10/97)