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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P01922

JMC CAPITAL MANAGEMENT, INC.

FILEI)
Feb 17 1997	8:00am
Secretary of	of State



Principal Place of Business TWO LAKEWAY CENTER #1400 3850 N. CAUSEWAY BLVD. METAIRIE LA 70002		TWO LAKE 3850 N. C	Mailing Address TWO LAKEWAY CENTER #1400 3850 N. CAUSEWAY BLYD. METAIRIE LA 70002-1752				7 (984) 984 14 8849) 1818 9379 1818 974 8484 91911 9784 91911 91911 91911 1997				
						3	3. Date Incorporated or Qualified 3a. Date of Last Report 05/08/1984 02/01/1996				
2. Principal Pl	lace of Business	2a. Mailing	y Address			4	4. FEI Number			pplied For	
21		26	 	 			72-0897683			ot Applicable	
22	## dic: 	27	Suite, Apt. #, etc. 27 City & State 28				5. Certificate of Status Desired	X	\$8.75 Additional Fee Required		
City & State	3	\vdash				•	B. Election Campaign Financing \$5.00 May Be Trust Fund Contribution				
Zip	Zip Country		Zip Country		8. This corporation has hability for intangible tax under s. 199.032,						
24	25	29		30			Florida Statutes Yes X No				
	9. Name and Address of Curren	it Hegistered A	gent	81	Name		0. Name and Address of New Re	gistered	Agent	· · · · · · · · · · · · · · · · · · ·	
1200	CORPORATION SYSTEM D S. PINE ISLAND ROAD			82			(P.O. Box Number is Not Acceptal	ole)	-		
PLA	NTATION FL 33324			83			· · · · · · · · · · · · · · · · · · ·				
				84	City			FL	85 Zip	Code	
l office or re	to the provisions of Sections 607.050 ogistered agent, or both, in the State of familiar with, and accept the obligations.	of Florida, Such	n change was a	uthorized by	the core	d corporati poration's	ion submits this statement for the papers board of directors. I hereby acce	ourpose o	f changing i pointment as	its registered s registered	
SIGNATURE	Segradure: typed or printed name of registered ago			· Registered Age		a required wh	en rejectatora)	DATE			
12.	OFFICERS AN		, , , , , , , , , , , , , , , , , , ,	13.		0 10 40 11	ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12	
TITLE	PD		DELETE	1.1 TILE					Change	Addition	
NAME	CASAMENTO, STEPHEN J.			1.2 NAME							
STREET ADDRESS	3104 PALM VISTA DR			1.3 STREE1	ADDRESS						
CITY - \$1 - ZIP	METAIRIE LA		Lloriere	1.4 CITY - S	1 - 7(P	ļ			1 0	1 1 1 1 1 1 1	
TITLE	BOHNET, RICHARD F. JR.		DELETE	2.1 TITLE					☐ Change	Addition	
NAME STREET ADDRESS	218 RICHLAND DR E			2.2 NAME 2.3 STREET	ADODECO						
CITY - S1 - ZIP	MANDEVILLE LA			2.3 STREET							
TITLE	VD		DELETE	3.1 TITLE	VI	1			☐ Change	Addition	
NAME	JOHNSON, EARL JR.			3.2 NAME							
STREET ADDRESS	6030 CRIMSON CT.			3.3 STREET	ADDRESS						
CITY - S1 - ZIP	MCCLEAN VA			3.4 CITY-	ST-ZIP						
TITLE	VDST		DELETE	4.1 TITLE					X Change	Addition	
NAME	ROHM, MICHAEL R.			4. 2 NAME		410	0.0				
STREET ADDRESS	1201 W ESPLANADE, #402				ADDRESS	412	9C LOIRE DRIVE				
CITY - ST - ZIP	KENNER LA		DELETE	4.4 CITY - S	T - ZIP			-	Change	Addition	
TITLE			- DEFELIE	5.1 TITLE				•	L. J. Lilatiye	Addridit	
NAME STREET ADDRESS				5.2 NAME 5.3 STREET	Annpecc						
CITY-S1-ZIP				5.4 CITY - S							
TOLE	The second secon		DELETE	6.1 TITLE	11.7211	†	<u> </u>		Change	Addition	
NAME				6.2 NAME							
STREET ADDRESS				G.3 STREET	ADDRESS						
CDY-S1-ZIP				6.4 CITY - S							
	by certify that the information supplies	d with this filing	does not qualify			stated in S	Section 119 07(3)(i), Florida Statute	s. I furthe	r certify that	the	

Information indicated on this annual report or supplied with the information indicated on the 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.