

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90235 001 ***158.75

DOCUMENT # P01922

1. Corporation Name

JMC CAPITAL MANAGEMENT, INC.

Principal Place of Business

TWO LAKEWAY CENTER #1400
3850 N. CAUSEWAY BLVD.
METAIRIE LA 70002

Mailing Address

TWO LAKEWAY CENTER #1400
3850 N. CAUSEWAY BLVD.
METAIRIE LA 70002

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/08/1984

4. FEI Number

72-0897683

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 the current year Intangible
Personal Property Tax.

☐ 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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME CASAMENTO, STEPHEN J.
STREET ADDRESS 3104 PALM VISTA DR
CITY-ST-ZIP METAIRIE LA

☐ DELETE

1.1 TITLE

☐ Change

☐ Addition

TITLE V
NAME BOHNET, RICHARD F. JR.
STREET ADDRESS 218 RICHLAND DR E
CITY-ST-ZIP MANDEVILLE LA

☐ DELETE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE VD
NAME JOHNSON, EARL JR.
STREET ADDRESS 6030 CRIMSON CT.
CITY-ST-ZIP MCCLEAN VA

☐ DELETE

2.1 TITLE

SENIOR VICE PRESIDENT

☒ Change

☐ Addition

TITLE VD
NAME JOHNSON, EARL JR.
STREET ADDRESS 6030 CRIMSON CT.
CITY-ST-ZIP MCCLEAN VA

☐ DELETE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE VDST
NAME ROHM, MICHAEL R.
STREET ADDRESS 82 CHATEAU MOUTON DRIVE
CITY-ST-ZIP KENNER LA 70065

☐ DELETE

4.1 TITLE

SENIOR VICE PRESIDENT

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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, with all other like empowered.

SIGNATURE:

Stephen J. Casamento

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99

(504)833-1111

Date

Daytime Phone #

CR2E034 (11/98)