

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P41110

1. Corporation Name  
MAE JMA, INC.

Principal Place of Business  
ONE INSIGNIA FINANCIAL PLAZA  
GREENVILLE SC 29601

Mailing Address  
P. O. BOX 1089  
GREENVILLE SC 29602

FILED

99 SEP 14 AM 10:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/22/1992	
4. FEI Number 57-0947004	Applied For Not Applicable
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 the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 1873 S. Bellaire St.	26 1873 S. Bellaire St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 1700	27 Suite 1700
City & State	City & State
23 Denver, CO	28 Denver, CO
Zip	Zip
24 80222	29 80222
Country	Country
25 USA	30 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	Corporation Service Company
82 Street Address (P.O. Box Number is Not Acceptable)	1201 Hays Street
83	
84 City	Tallahassee
85 Zip Code	FL 32301

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.  
*Deborah D. Skipper* as its agent 9-14-99

SIGNATURE *Deborah D. Skipper*  
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	1.1 TITLE	C/D
NAME	VINSON, CARROLL D	1.2 NAME	Terry Considine
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA	1.3 STREET ADDRESS	1873 S. Bellaire St., Ste. 1700
CITY-ST-ZIP	GREENVILLE SC 29601	1.4 CITY-ST-ZIP	Denver, CO 80222
TITLE	V	2.1 TITLE	P/D
NAME	JARRARD, WILLIAM H JR.	2.2 NAME	Peter Kompaniez
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA	2.3 STREET ADDRESS	1873 S. Bellaire St., Ste. 1700
CITY-ST-ZIP	GREENVILLE SC 29601	2.4 CITY-ST-ZIP	Denver, CO 80222
TITLE	S	3.1 TITLE	V/S
NAME	LEBEY, DANIEL	3.2 NAME	Joel Bonder
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA	3.3 STREET ADDRESS	1873 S. Bellaire St., Ste. 1700
CITY-ST-ZIP	GREENVILLE SC 29601	3.4 CITY-ST-ZIP	Denver, CO 80222
TITLE	AS	4.1 TITLE	V/T
NAME	BUECHLER, KELLEY M	4.2 NAME	Patricia Heath
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA	4.3 STREET ADDRESS	1873 S. Bellaire St., Ste 1700
CITY-ST-ZIP	GREENVILLE SC 29601	4.4 CITY-ST-ZIP	Denver, CO 80222
TITLE	VCAO	5.1 TITLE	
NAME	LANG, ROBERT D JR.	5.2 NAME	
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA	5.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC 29601	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: *Joel P. Bonder* Joel P. Bonder, Secretary

9-13-99

(303) 757-8101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

0116431