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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P9400008423 (3)

THE JEFFERSON NATIONAL MANAGEMENT COMPANY

Principal Place of Business
140 WINTER PARK FL 32789 WINTER PARK FL 32789-3739 3. Date Incorporated or Qualified Q2/D1/1994 Q4/18/1996 Q
WINTER PARK FL 32789 ### WINTER PARK FL 32789-3738 3. Date Incorporated or Qualified O2/01/1994
3. Date incorporated or Qualified O2/01/1998 3a. Date of Last Report O4/18/1996 4. FEI Number Applied For Not Addition I not Not Addition I not Not Applied For Not
2. Principal Place of Rusmoss 2e. Mailing Address 4. FEI Number Applied For Not Applicable Suite Apil #, ctc. Suite Apil #, etc. Suite Apil #,
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Surie, Apt. #, etc. Surie, Apt. #, etc.
City & State City & State City & State City & State City & State City & State City & State City & State Country Zrp Country Zrp Country St. This corporation has liability for intangible tax under s. 199.032. Florida Statutes City & Country St. This corporation has liability for intangible tax under s. 199.032. Florida Statutes City & Country St. This corporation has liability for intangible tax under s. 199.032. Florida Statutes City & Country St. This corporation has liability for intangible tax under s. 199.032. Florida Statutes City & Country St. This corporation has liability for intangible tax under s. 199.032. Florida Statutes City & Country St. This corporation has liability for intangible tax under s. 199.032. Florida Statutes City & Country St. This corporation has liability for intangible tax under s. 199.032. Florida Statutes City & Country St. This corporation has liability for intangible tax under s. 199.032. Florida Statutes City & Country
Zip Country Zip Country Zip Country St. This corporation has liability for intangible tax under s. 199.032.
9. Name and Address of Current Registered Agent SWANN, HADLEY D 1031 W.MORSE BLVD 270 WINTER PARK FL 32789 83 City FL 85 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 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 Signative type for predictional of registered agent and thicit applicable. (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTILE DP DELETE 1.1 TITLE Change Addition MCAULIFFE, TERENCE R 1341 G STREET, N.W. SUITE 200 WASHINGTON D. DELETE 21 TITLE Change Addition AME MCAULIFFE, DOROTHY 8
SWANN, HADLEY D 1031 W.MORSE BLVD 270 WINTER PARK FL 32789 83 City FL 85 Street Address (P.O. Box Number is Not Acceptable) 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 if an familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature hyper for prefect name of registance agent and tale if applicable OF FICERS AND DIRECTORS 13. OF FICERS AND DIRECTORS IN 12 Inter DP Inter DP MCAULIFFE, TERENCE R SIREET ADDRESS CITY-ST- ZIP TILLE DST DELETE 21 TITLE Change Addition Addition MCAULIFFE, DOROTHY S
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Stignature Types Leep Protect name of registaced agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITIEE DP MCAULIFFE, TERENCE R STREET ADDRESS CITY-ST 7/P TITLE DST MCAULIFFE, DOROTHY S DELETE 21 TITLE DELETE 22 NAME 22 NAME
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STREET ADDRESS 6.3 STREET ADDRESS
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14. If 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 provided execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

tani an officer or director of the corporation or the repervappears in Block 12 or Block 13 if changed, or or an all

SIGNATURE AND TYPES OF FRINTED NAME OF SIGNING OFFICER OF DIRECTOR

FILED

Mar 12 1997 8:00am

Secretary of State