

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

FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000008423 (3)
 1. Corporation Name
THE JEFFERSON NATIONAL MANAGEMENT COMPANY



Principal Place of Business 1031 W.MORSE BLVD 140 WINTER PARK FL 32789	Mailing Address 1031 W.MORSE BLVD 140 WINTER PARK FL 32789
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/01/1994		4. FEI Number 59-3221147		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21 1031 W.Morse Blvd. Suite, Apt. #, etc.	2a. Mailing Address 26 1031 W.Morse Blvd. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
22 Suite 250 City & State	27 Suite 250 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
23 Winter Park, FL Zip	28 Winter Park, FL Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
24 32789 Country	25 USA	29 32789 Country	30 USA	

9. Name and Address of Current Registered Agent SWANN, HADLEY D 1031 W.MORSE BLVD 270 WINTER PARK FL 32789		10. Name and Address of New Registered Agent		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCAULIFFE, TERENCE R	1.2 NAME	
STREET ADDRESS	816 CONNECTICUT AVE. N.W. 11TH FLR	1.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20008	1.4 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCAULIFFE, DOROTHY S	2.2 NAME	
STREET ADDRESS	816 CONNECTICUT AVE. N.W. 11TH FLR	2.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20008	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWANN, CHRISTIAN M.	3.2 NAME	
STREET ADDRESS	1031 W.MORSE BLVD, SUITE 270	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWANN, RICHARD R	4.2 NAME	
STREET ADDRESS	1031 W. MORSE BLVD. SUITE 270	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABNER, SHARON B	5.2 NAME	
STREET ADDRESS	1031 W. MORSE BLVD. SUITE 270	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	5.4 CITY-ST-ZIP	
TITLE	ASST <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, KAREN M	6.2 NAME	
STREET ADDRESS	1031 W. MORSE BLVD. SUITE 270	6.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	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 attached sheet with an address.

SIGNATURE: _____ Date: **3/28/98** Daytime Phone # **407-644-0006**

CR2E034 (10/97)