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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000007183 (1)

JMR ASSOCIATES, INC.

Principal Place of Business

8455 POWERS AVENUE

Mailing Address

6455 POWERS AVENUE

FILED May 06 1998 8:00am Secretary of State

904/880-5756



SUITE 200 JACKSONVILLE FL 32217		SUITE 200 JACKSONVILLE FL 32217				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified 01/20/1997
2. Principal Pi	ace of Business	2a. Mailing Address 26				4. FEI Number Applied For 59-3424630 Not Applicable
Suite, Apt.	₩, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution
Zip	Country	Zip	Cou	ntry		8. This corporation owes or has paid the current year Intangible
24	25	29	30			Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent DIRCO MADV E 81 Name						10. Name and Address of New Registered Agent
RUSSO, MARY E 6455 POWERS AVENUE					Name	
		82 Street Addr		Street /	Address (P.O. Box Number is Not Acceptable)	
SUITE 200 JACK\$ONVILLE FL 32217				83		
JAC	MOUNTILLE PL 32211					
				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 nance of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
12. OFFICERS AND DIRECTORS			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	U /P	DELETE	1.1 TO	TLE		Change Addition
NAME	RÚSSO, MARY E		1.2 N/	1.2 NAME		
STREET ADDRESS 4176 FELDWOOD COURT			1.3 STREET ADDRESS		DDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32223			TY-ST-	ZIP	
TITLE	•	DELETE	2.1 TI	2.1 TITLE		S/T Change X Addition
NAME .	45 = -		2.2 NA	2.2 NAME		RUSSO, Janet L.
STREET ADDRESS			2.3 ST	2.3 STREET ADD		4176 Feldwood Court
CITY-ST-ZIP				2. 4 CITY - ST - ZI		Jacksonville, FL 32223
TITLE	_		3.1 11			L] Change L_ Addition
NAME			3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE				3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME	C otter			4. 2 NAME		
STREET ADDRESS					DORESS	
CITY-ST-ZIP				4.4 CITY-ST-ZIP		
TITLE				5.1 TITLE		Change Addition
NAME			5.2 NA	AME		
STREET ADDRESS	ADDRESS .		5.3 ST	5.3 STREET ADDRESS		
CITY-ST-ZIP	T-ZIP		5.4 Ct	5.4 CtTY - ST - ZIP		
TITLE	DELETE		6.1 TI	6.1 TITLE		Change Addition
NAME			6.2 N/	ame		
STREET ADDRESS			6.3 ST	IREET A	DDRESS	
CITY-ST-ZIP			6.4 CI	6.4 CITY-ST-2#P		
14. I hereby o	ertify that the information supplied w	ith this filing cloes not qualify	for the exe	empti	on state	nd 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. 4/27/98