

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P06297** (6)

1. Corporation Name
337 WORTH INCORPORATED



Principal Place of Business: **%JAYMONT PROPERTIES INCORPORATED, 2 S BISCAYNE BLVD. 1470, MIAMI FL 33131, US**
Mailing Address: **2 S. BISCAYNE BLVD., SUITE 1470, MIAMI FL 33131, US**

3. Date Incorporated or Qualified: **06/04/1985**
3a. Date of Last Report: **02/02/1995**
4. FEI Number: **52-1411785**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 899 W. Cypress Creek Rd., Suite 317, Ft. Lauderdale, FL 33309, USA**
2a. Mailing Address: **26 899 W. Cypress Creek Rd., Suite 317, Ft. Lauderdale, FL 33309, USA**

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: _____

9. Name and Address of Current Registered Agent:
CT CORPORATION SYSTEM, 1200 S. PINE ISLAND ROAD, PLANTATION FL 33324

11. Pursuant to the provisions of Sections 607.0507 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FONG, MICHAEL C	1.2 NAME	
STREET ADDRESS	2 S. BISCAYNE BLVD., SUITE 1470	1.3 STREET ADDRESS	899 W. Cypress Creek Rd., Suite 317
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EL-HADDAD, OSAMA	2.2 NAME	
STREET ADDRESS	2 S BISCAYNE BLVD., SUITE 1470	2.3 STREET ADDRESS	899 W. Cypress Creek Rd., Suite 317
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMEEL, MAGDI	3.2 NAME	
STREET ADDRESS	1 RUE DES GENETS	3.3 STREET ADDRESS	
CITY-ST-ZIP	MONTE CARLO MONACO	3.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVELL, RICHARD C	4.2 NAME	
STREET ADDRESS	2 S. BISCAYNE BLVD., SUITE 1470	4.3 STREET ADDRESS	899 W. Cypress Creek Rd., Suite 317
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with a new address.

SIGNATURE: *Richard C. Lovell* **Treasurer**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RICHARD C. LOVELL

(954) 772-2277
TOLL FREE 1-800-352-3434

CR2E034 (12/95)