FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # 696214 (6)

1. Corporation Name

JAYMONT REALTY INCORPORATED

Principal Place of Business	Mailing Address
C/O JAYMONT PROPERTIES INC 2 S. BISCAYNE BLVD. STE. 1470 MIAMI FL 33131	C/O JAYMONT PROPERTIES INC 2 S. BISCAYNE BLVD. STE. 1470 MIAMI FL 33131

2. Principal Place of Business	2a. Mailing Address
21 899 W. Cypress Creek Rd.	26 899 W. Cypress Creek Rd.
Suite, Apt. #, etc. 22 Suite 317	Suite, Apt. #, etc. 27 Suite 317
City & State 23 Ft. Lauderdale, FL	City & State 28 Ft. Lauderdale, FL
Zip 24 33309 Country 25 USA	Zip 29 33309 Country 30 USA

3. Date Incorporated or Qualified: **07/27/1981**
3a. Date of Last Report: **02/08/1995**
4. FEI Number: **59-2111094** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 ____ DATE ____

12. OFFICERS AND DIRECTORS

TITLE	VD	☐ DELETE
NAME	FONG, MICHAEL C.	
STREET ADDRESS	2 S. BISCAYNE BLVD., SUITE 1470	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	☐ DELETE
NAME	FAUCETTE, FLOYD S	
STREET ADDRESS	111 N ORANGE AVE #1350	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	D	☐ DELETE
NAME	HADDAD, OSAMA EL	
STREET ADDRESS	2 S. BISCAYNE BLVD., SUITE 1470	
CITY-ST-ZIP	MIAMI FL	
TITLE	ST	☐ DELETE
NAME	LOVELL, RICHARD C.	
STREET ADDRESS	2 S. BISCAYNE BLVD., SUITE 1470	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	899 W. Cypress Creek Rd., Suite 317	
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	899 W. Cypress Creek Rd., Suite 317	
3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
4.1 TITLE		☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS	899 W. Cypress Creek Rd., Suite 317	
4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(x), 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: Richard C Lovell Treasurer (954) 772-2277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RICHARD C. LOVELL

CR2E034 (12/95)