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

FILED
Apr 23, 1996 08:00 AM
Secretary of State

DOCUMENT # **F94000001916 (5)**

1. Corporation Name

JAYMONT PROPERTIES INCORPORATED

Principal Place of Business	Mailing Address
ONE BISCAYNE TOWER, SUITE 1470 2 SOUTH BISCAYNE BLVD. MIAMI FL 33131	ONE BISCAYNE TOWER, SUITE 1470 2 SOUTH BISCAYNE BLVD. MIAMI FL 33131

3. Date Incorporated or Qualified: 04/13/1994
3a. Date of Last Report: 02/02/1995

4. FEI Number: 13-2941886 ☐ 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

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 / Country 24 33309 / 25 USA	Zip / Country 29 33309 / 30 USA

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	D	☐ DELETE
NAME	EL-HADDAD, OSAMA	
STREET ADDRESS	2 S. BISCAYNE BLVD, SUITE 1470	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	☐ DELETE
NAME	FONG, MICHAEL C	
STREET ADDRESS	2 S. BISCAYNE BLVD., SUITE 1470	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	JAMEEL, MAGDI	
STREET ADDRESS	1 RUE DES GENETS	
CITY-ST-ZIP	MONTE CARLO, MONACO	
TITLE	ST	☐ DELETE
NAME	LOVELL, RICHARD C	
STREET ADDRESS	2 S BISCAYNE BLVD., #1470, 1 BISCAYNE TOWR	
CITY-ST-ZIP	MIAMI FL 33131	
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		
11 TITLE		☒ Change ☐ Addition
12 NAME		
13 STREET ADDRESS	899 W. Cypress Creek Rd., Suite 317	
14 CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
21 TITLE		☒ Change ☐ Addition
22 NAME		
23 STREET ADDRESS	899 W. Cypress Creek Rd., Suite 317	
24 CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☒ Change ☐ Addition
42 NAME		
43 STREET ADDRESS	899 W. Cypress Creek Rd., Suite 317	
44 CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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 added by an amendment with an addition.

SIGNATURE: Richard C. Lovell **Treasurer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RICHARD C. LOVELL

Date (954) 772-2277 Daytime Phone #