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FILED

May 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F94000001916 (5)

1. Corporation Name

JAYMONT PROPERTIES INCORPORATED

Principal Place of Business

899 W. CYPRESS CREEK ROAD  
SUITE 317  
FORT LAUDERDALE FL 33309  
US

Mailing Address

899 W. CYPRESS CREEK ROAD  
SUITE 317  
FORT LAUDERDALE FL 33309-2064  
US

3. Date Incorporated or Qualified  
04/13/1994

3a. Date of Last Report  
04/23/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

#1 Name

#2 Street Address (P.O. Box Number is Not Acceptable)

#3

#4 City

FL

#5

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 name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME EL-HADDAD, OSAMA  
STREET ADDRESS 899 W. CYPRESS CREEK ROAD  
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE PD ☐ DELETE  
NAME FONG, MICHAEL C  
STREET ADDRESS 899 W CYPRESS CREEK ROAD #317  
CITY-ST-ZIP FORT LAUDERDALE 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 899 W CYPRESS CREEK ROAD #317  
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP 33309

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP 33309

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP 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 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 or on an attachment with an address.

SIGNATURE:

Richard C. Lovell  
Richard C. Lovell  
Treasurer

1/7/97

(954) 772-2277

Date

Daytime Phone

CR2E034 (9/96)