FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 24 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K98395 (2)

1. Corporation Name
JACLYNE APT. & MOTEL, INC.

Principal Place of Business	Mailing Address
~~2800 N. OCEAN DRIVE~~ ~~HOLLYWOOD,FL 33019~~	~~2800 N. OCEAN DRIVE~~ ~~HOLLYWOOD FL 33019~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/27/1989	3a. Date of Last Report: 03/08/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0207911	☐ Applied For ☐ Not Applicable
21 1150 ATLANTIC SHORE BLVD.	26 1150 ATLANTIC SHORE BLVD.		
Suite, Apt. #, etc. 22 #614	Suite, Apt. #, etc. 27 614	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 HALLANDALE, FL	City & State 28 HALLANDALE, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 33009 Country 25 U.S.	Zip 29 33009 Country 30 U.S.	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
~~GILBERT LACROIX~~ ~~2800 N. OCEAN AVENUE~~ ~~HOLLYWOOD, 33019~~	81 Name: GILBERT LACROIX 82 Street Address (P.O. Box Number is Not Acceptable): 1150 ATLANTIC SHORE BLVD. 83: #614 84 City: HALLANDALE FL 85 Zip Code: 33009

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: Gilbert Lacroix 01/25/95
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	~~PST~~	1.1 TITLE	PST	☒ Change ☐ Addition
NAME	~~LACROIX, GILBERT~~	1.2 NAME	GILBERT LACROIX	
STREET ADDRESS	~~2800 NO OCEAN DR~~	1.3 STREET ADDRESS	1150 ATLANTIC SHORE BLVD #614	
CITY-ST-ZIP	~~HOLLYWOOD FL~~	1.4 CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE		2.1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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 on an attachment with an address.

SIGNATURE: Gilbert Lacroix PRESIDENT 01/25/95 305-454-0789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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