

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000004040

1. Corporation Name

Jubilee/Courtyards, Inc.

Principal Place of Business

Mailing Address

**2828 Coral Way
Suite 303
Miami, Florida 33145**

Same

2. Principal Place of Business

2a. Mailing Address

21 742 NW 12th Avenue

26 742 NW 12th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Miami, Florida

28 Miami, Florida

Zip Country

Zip Country

24 33136

25 USA

29 33136

30 USA

9. Name and Address of Current Registered Agent

**Francis V. Gudorf
2828 Coral Way, Suite 303
Miami, Florida 33145**

81 Name

Francis V. gudorf

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

742 NW 12th Avenue

83

84 City

Miami,

FL

85 Zip Code
33136

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Francis V. Gudorf
Signature, typed or printed name of registered agent and title if applicable

Francis V. Gudorf, V.P.

2/10/99

DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	D Raul Masvidal
13 STREET ADDRESS	1401 Ponce de Leon Blvd., # 300
14 CITY-ST-ZIP	Coral Gables, Florida 33134
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	E,V,S,T Francis V. Gudorf
23 STREET ADDRESS	742 NW 12th Avenue
24 CITY-ST-ZIP	Miami, Florida 33136
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	D Douglas R. Mayer
33 STREET ADDRESS	742 NW 12th Avenue
34 CITY-ST-ZIP	Miami, Florida 33136
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with an other like empowered

SIGNATURE:

Francis V. Gudorf
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/99

DATE

305-326-8900

DAYTIME PHONE #

CR2E037 (11/98)