PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

OCHMENT # DOC

1. Corporation Name							
JAYMONT MANAGEMENT INCORPORATED					T CONTROL IN ORDER THE ORDER COM CONTROL OF THE CON		
Principal Place	of Business	Mailing Address					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
3333 W COMMERCIAL BLVD 3333 W COMMERCIAL BLVD							
111 111 ET LAUDEDDALE EL 20200 ET LAUDEDDALE EL 20200					DO NOT WRITE IN TH	IS SPACE	
FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309 US US				3. Date Incorporated or Qualifed			
00					08/15/1984		
2. Principal Pl	Principal Place of Business 2a. Mailing Address				4. FEI Number	<u> </u>	pplied For
21 26				÷	<u>- 36-3311258</u>		ot Applicable
	Suite, Apt. #, etc.				5. Certifcate of Status Desired	• •	Additional equired
22 27 .					The state of the s		
	City & State City & State				6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country Zip Co				8. This corporation owes the current year		10 1 000
⊢ '	Country Zip Country 29 30				Personal Property Tax.	Yes	□No
24	9. Name and Address of Current Registered Agent				10. Name and Address of New Registere	d Agent	
			81	Name	10000000000000000000000000000000000000	, i	200
CT CORPORATION SYSTEM				Oten ed A	ddress (P.O. Box Number is Not Acceptable)	3 / 1 kg	× ** · · ·
1200 S. PINE ISLAND ROAD				Street At	ddress (P.O. Box Number is Not Acceptable).		
PLANTATION FL 33324			83				
ļ				O't-		. 85 Zip	Code
			84	City	· F	L S Zip	Code
office or o	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	i Fiorida. Such change was at	IIINOFIZEO DV	me corbor	orporation submits this statement for the purpose ation's board of directors. I hereby accept the app	of changing its ointment as re	registered egistered
SIGNATURE	, ,						
	Signature, typed or printed name of registered agent			t signature req	uired when reinstating) DATE	AND DIDECT	0DC IN 40
12.			13.	Т	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO ☐ Change	Addition
TITLE			1.1 TITLE	.		□ ourugo	
NAME	22 (11.00) (0) (0)		1.2 NAME				Ì
STREET ADDRESS	ET LAUDEDDALE EL		1.3 STREET				
CITY-ST-ZIP			1.4 CITY-ST 2.1 TITLE	r-ZiP		Change	Addition
} TITLE							
NAME	ACCOUNT CONTRACTOR BILLIO CTT 444		2.2 NAME		•		
STREET ADDRESS	ET LAUDEDDALE EL		2.3 STREET	1	المصبرات والمعام يوايسونه تعم بالمعارات بالمعارات والمعارات		
CITY-ST-ZIP			2.4 CITY-S 3.1 TITLE	1-217		Change	☐ Addition
TITLE	LOVELL, RICHARD C	Opereir	3.2 NAME		,		·
NAME	ARREST MARKET COME POLICE CONT. AAA		3.3 STREET	ADDDECC			l
STREET ADDRESS	ET LAUDEDDALE EL		3.4. CITY-S				
CITY-ST-ZIP TITLE			4.1 TITLE	1-41	******	[7] Change	Addition
	JAMEEL, MAGDI		4. 2 NAME				1
NAME STREET ADDRESS	1 RUE DES GENETS		4.2 STREET	ADDRESS			
1	NOTES OF STATES		4.4 CITY-S				
C/TY-ST-ZIP TITLE	morrie oraco, moraro	☐ DELETE	5.1 TITLE	- 4.IF		☐ Change	Addition
NAME		<u> </u>	5.2 NAME		`	•	
STREET ADDRESS			5.3 STREET	ADDRESS			ì
CITY-ST-ZIP	,		5.4 CITY-S1				
TITLE		☐ DELETE	6.1 TITLE		1000	Change	Addition
NAME			6.2 NAME				í

14. 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 occupier of 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 a attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

MAR 13 1999

(954) 777-2999

Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90093 019 ***150.00