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Apr 11 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 # P94000087843 (6)

1. Corporation Name

JONES HOSPITALITY MANAGEMENT CORPORATION

Principal Place of Business
888 INTRACOASTAL DR #7F
FT LAUDERDALE FL 33304

Mailing Address
888 INTRACOASTAL DR #7F
FT LAUDERDALE FL 33304-3603



3. Date Incorporated or Qualified
12/05/1994

3a. Date of Last Report
02/13/1996

4. FEI Number

65-0578455

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 2519 SW 30th Ave

26 2519 SW 30th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Ft. Lauderdale, FL 33312

28 Ft. Lauderdale FL

24 Zip

25 Country

29 Zip

30 Country

33312

33312

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONES, JACQUELINE
888 INTRACOASTAL DR. #7F
FT. LAUDERDALE FL 33304

81 Name

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

83 2519 SW 30th Ave.

84 City Ft. Lauderdale

FL

85 Zip Code

33312

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 607.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

4/2/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE
NAME JONES, ROBERT E
STREET ADDRESS 888 INTRACOASTAL DR #7F
CITY-ST-ZIP FT LAUDERDALE FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME 2519 SW 30th Ave.
1.3 STREET ADDRESS Ft. Lauderdale, FL 33312
1.4 CITY-ST-ZIP

TITLE DVPT ☐ DELETE
NAME JONES, JACQUELINE
STREET ADDRESS 888 INTRACOASTAL DR #7F
CITY-ST-ZIP FT LAUDERDALE FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME 2519 SW 30th Ave
2.3 STREET ADDRESS Ft. Lauderdale, FL 33312
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 if changed, or on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

0260796

CR2E034 (9/96)