

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

V-1733

DOCUMENT # P93000087456 (8)

1. Corporation Name  
**JEM RESORTS INC.**



Principal Place of Business: 2200 E IRLO BRONSON MEMORIAL HWY SUITE 104 KISSIMMEE FL 34744  
Mailing Address: 2200 E IRLO BRONSON MEMORIAL HWY SUITE 104 KISSIMMEE FL 34744

3. Date Incorporated or Qualified: 12/23/1993  
3a. Date of Last Report: 06/14/1995

2. Principal Place of Business (21-23) and Mailing Address (26-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: 59-3214999  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$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: VASQUEZ, JULIAN, 2200 E. IRLO BRONSON HWY SUITE 104, KISSIMMEE FL 34744  
10. Name and Address of New Registered Agent (81-85) fields.

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: C	PARKE, ALAN G 369 PASSAIC AVENUE FAIRFIELD NJ	<input checked="" type="checkbox"/> DELETE	
TITLE: PT	VASQUEZ, JULIAN 2200 E. IRLO BRONSON HWY KISSIMMEE FL	<input type="checkbox"/> DELETE	ROY COMBEN, CHAIRMAN 866 COUNTRY CROSSING Kissimmee, FL PT, S.
TITLE: S	HIERLEHY, JOANNE 866 COUNTRY CROSSING KISSIMMEE FL	<input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add on
TITLE: D	HIERLEHY, MICHAEL 866 COUNTRY CROSSING KISSIMMEE FL	<input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	ELLIOTT, W J 369 PASSAIC AVE #222 FAIRFIELD NJ	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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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: \_\_\_\_\_ (Signature of Julian Vasquez)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: \_\_\_\_\_ DATE: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_

CR2E034 (12/95)