

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90068 026 ***150.00



PROFIT CORPORATION
 ANNUAL REPORT
 1999

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

DOCUMENT # **P93000087456**

1. Corporation Name
JEM RESORTS INC.



Principal Place of Business
**2200 E IRLO BRONSON MEMORIAL HWY
 SUITE 104
 KISSIMEE FL 34744**

Mailing Address
**2200 E IRLO BRONSON MEMORIAL HWY
 SUITE 104
 KISSIMEE FL 34744**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc. 22
 City & State 23
 Zip 24 Country 25

2a. Mailing Address
 26 Suite, Apt. #, etc. 27
 City & State 28
 Zip 29 Country 30

3. Date Incorporated or Qualified
12/23/1993

4. FEI Number
59-3214999 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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
**VASQUEZ, JULIAN
 2200 E. IRLO BRONSON HWY
 SUITE 104
 KISSIMEE FL 34744**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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	COMBEN, ROY 866 COUNTRY CROSSING KISSIMEE FL	1.1 TITLE Director 1.2 NAME Comben, Roy 1.3 STREET ADDRESS 866 Country Crossing 1.4 CITY-ST-ZIP Kissimmee FL 34744
TITLE PT	VASQUEZ, JULIAN 2200 E. IRLO BRONSON HWY KISSIMEE FL	2.1 TITLE President 2.2 NAME Vasquez, Julian 2.3 STREET ADDRESS 2200 E Irlo Bronson Hwy 2.4 CITY-ST-ZIP Kissimmee FL 34744
TITLE D	AGONBAR, MICHAEL 743 COUNTRY WOODS KISSIMEE FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE D	PARKE, ALAN G 30 GREENVIEW WAY MONTCLAIR NJ 07043	4.1 TITLE Chairman, Treasurer, Secretary 4.2 NAME Parke, Alan G 4.3 STREET ADDRESS 30 Greenview Way 4.4 CITY-ST-ZIP Upper Montclair NJ 07043
TITLE		5.1 TITLE Director 5.2 NAME Elliott, Ward J 5.3 STREET ADDRESS 2200 E Irlo Bronson Hwy 5.4 CITY-ST-ZIP Kissimmee, FL 34744
TITLE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: Alan G. Parke 4/20/99 923-744-9677
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)