

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

DOCUMENT # **V48809 (0)**
1. Corporation Name
JEM RESORTS MANAGEMENT SERVICES, INC.

1734



Principal Place of Business Mailing Address
2200 E. IRLO BRONSON SUITE 104-A KISSIMMEE FL 34744

3. Date Incorporated or Qualified **06/30/1992** 3a. Date of Last Report **06/14/1995**
4. FEI Number **59-3137578** 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. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip Country 29. Zip Country
24. 25. 29. 30.

9. Name and Address of Current Registered Agent
**VASQUEZ, JULIAN
2200 E. IRLO BRONSON
#104A
KISSIMMEE 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 | S <input type="checkbox"/> DELETE | 1.1 TITLE | President/Treasurer/Sec. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VASQUEZ, JULIAN | 1.2 NAME | |
| STREET ADDRESS | 2200 E. IRLO BRONSON | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | KISSIMMEE FL 34744 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MICHAEL, AGOMBAR G | 2.2 NAME | |
| STREET ADDRESS | 743 COUNTRY WOODS | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | KISSIMMEE FL 34744 | 2.4 CITY-ST-ZIP | |
| TITLE | VP <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SILLS, LARA J | 3.2 NAME | |
| STREET ADDRESS | 2200 E. IRLO BRONSON | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | KISSIMMEE FL 34744 | 3.4 CITY-ST-ZIP | |
| TITLE | S <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HIERLEHY, JOANNE | 4.2 NAME | |
| STREET ADDRESS | 866 COUNTRY CROSSING | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | KISSIMMEE FL 34744 | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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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 agent 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 #

CR2E034 (12/95)