

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

FILED
Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V48809 (0)

1. Corporation Name
JEM RESORTS MANAGEMENT SERVICES, INC.



Principal Place of Business 2200 E. IRLO BRONSON SUITE 104-A KISSIMMEE FL 34744	Mailing Address 2200 E. IRLO BRONSON SUITE 104-A KISSIMMEE FL 34744-4410
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3. Date Incorporated or Qualified 06/30/1992	3a. Date of Last Report 05/28/1996
4. FEI Number 59-3137578	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suits, Apt. #, etc.	26. Suits, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip Country	29. Zip Country
25. Zip Country	30. Zip Country

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 PTS	<input type="checkbox"/> DELETE	1.1 TITLE CHAIRMAN of BOARD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME VASQUEZ, JULIAN		1.2 NAME ROY COMBEN	
STREET ADDRESS 2200 E. IRLO BRONSON		1.3 STREET ADDRESS 866 COUNTRY CROSSING CT	
CITY-ST-ZIP KISSIMMEE FL 34744		1.4 CITY-ST-ZIP KISSIMMEE FL 34744	
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	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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	

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]* 3/17/97 407847500

CR2E034 (9/96)