

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 24 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/30/1992  
 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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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, 85 Zip Code (FL)

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: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PTS	NAME: VASQUEZ, JULIAN	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2200 E. IRLO BRONSON	CITY-ST-ZIP: KISSIMMEE FL 34744	1.2 NAME:	
	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS:	
		1.4 CITY-ST-ZIP:	
TITLE: D	NAME: MICHAEL, AGOMBAR G	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 743 COUNTRY WOODS	CITY-ST-ZIP: KISSIMMEE FL 34744	2.2 NAME:	
	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS:	
		2.4 CITY-ST-ZIP:	
TITLE: VP	NAME: SILLS, LARA J	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2200 E. IRLO BRONSON	CITY-ST-ZIP: KISSIMMEE FL 34744	3.2 NAME:	
	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS:	
		3.4 CITY-ST-ZIP:	
TITLE: COB	NAME: COMBEN, ROY	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 866 COUNTRY CROSSING CT.	CITY-ST-ZIP: KISSIMMEE FL	4.2 NAME:	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS:	
		4.4 CITY-ST-ZIP:	
TITLE:	NAME:	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	<input type="checkbox"/> DELETE	5.2 NAME:	
CITY-ST-ZIP:		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	<input type="checkbox"/> DELETE	6.2 NAME:	
CITY-ST-ZIP:		6.3 STREET ADDRESS:	
		6.4 CITY-ST-ZIP:	

14. I 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.

CR2E034 (5/98)