


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

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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90065 031 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V48809
 1. Corporation Name
JEM RESORTS MANAGEMENT SERVICES, INC.



Principal Place of Business 2200 E. IRL0 BRONSON SUITE 104-A KISSIMMEE FL 34744	Mailing Address 2200 E. IRL0 BRONSON SUITE 104-A KISSIMMEE FL 34744
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 06/30/1992	
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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

VASQUEZ, JULIAN
2200 E. IRL0 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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<i>President</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VASQUEZ, JULIAN	1.2 NAME	<i>Vasquez, Julian</i>
STREET ADDRESS	2200 E. IRL0 BRONSON	1.3 STREET ADDRESS	<i>2200 E Irl0 Bronson</i>
CITY-ST-ZIP	KISSIMMEE FL 34744	1.4 CITY-ST-ZIP	<i>Kissimmee, FL 34744</i>
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. IRL0 BRONSON	3.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34744	3.4 CITY-ST-ZIP	
TITLE	COB <input type="checkbox"/> DELETE	4.1 TITLE	<i>Director</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMBEN, ROY	4.2 NAME	<i>Comben, Roy</i>
STREET ADDRESS	866 COUNTRY CROSSING CT.	4.3 STREET ADDRESS	<i>866 Country Crossing CT</i>
CITY-ST-ZIP	KISSIMMEE FL	4.4 CITY-ST-ZIP	<i>Kissimmee FL 34744</i>
TITLE	<i>COB, Treasurer, S</i> <input type="checkbox"/> DELETE	5.1 TITLE	<i>COB, Treasurer, Secretary</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<i>Alan G Parke</i>
STREET ADDRESS		5.3 STREET ADDRESS	<i>30 Greenville Way</i>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<i>Upper Montclair NJ 07043</i>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<i>Director</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<i>Ward J Elliot T</i>
STREET ADDRESS		6.3 STREET ADDRESS	<i>2200 E Irl0 Bronson</i>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<i>Kissimmee, FL 34744</i>

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, with all other like empowered.

SIGNATURE: Alan G Parke 4/20/99 973-744-9177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)