


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

FILED
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.



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| 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 Suite, Apt. #, etc. 22 City & State 23 Zip Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country |
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|---|---|--|
| 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 | |

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| 9. Name and Address of Current Registered Agent VASQUEZ, JULIAN 2200 E. IRL0 BRONSON #104A KISSIMMEE FL 34744 |
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| 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 |
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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 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)