

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 # P93000087456 (8)

1. Corporation Name

JEM RESORTS INC.

Principal Place of Business

2200 E IRLO BRONSON MEMORIAL HWY
SUITE 104
KISSIMMEE FL 34744

Mailing Address

2200 E IRLO BRONSON MEMORIAL HWY
SUITE 104
KISSIMMEE FL 34744

3. Date Incorporated or Qualified
12/23/1993

3a. Date of Last Report
06/14/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-3214999

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VASQUEZ, JULIAN
2200 E. IRLO BRONSON HWY
SUITE 104
KISSIMMEE FL 34744

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C
NAME PARKE, ALAN G
STREET ADDRESS 369 PASSAIC AVENUE
CITY-ST-ZIP FAIRFIELD NJ ☒ DELETE

TITLE PT
NAME VASQUEZ, JULIAN
STREET ADDRESS 2200 E. IRLO BRONSON HWY
CITY-ST-ZIP KISSIMMEE FL ☐ DELETE

TITLE S
NAME HIERLEHY, JOANNE
STREET ADDRESS 866 COUNTRY CROSSING
CITY-ST-ZIP KISSIMMEE FL ☒ DELETE

TITLE D
NAME HIERLEHY, MICHAEL
STREET ADDRESS 866 COUNTRY CROSSING
CITY-ST-ZIP KISSIMMEE FL ☒ DELETE

TITLE D
NAME ELLIOTT, W J
STREET ADDRESS 369 PASSAIC AVE #222
CITY-ST-ZIP FAIRFIELD NJ ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ROY COMBEN, CHAIRMAN ☐ Change ☒ Add on
1.2 NAME
1.3 STREET ADDRESS 866 COUNTRY CROSSING
1.4 CITY-ST-ZIP Kissimmee, FL

2.1 TITLE PT, S. ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE 800001836528
5.2 NAME -05/23/96--01021--023 ☐ Change ☐ Addition
5.3 STREET ADDRESS ***800.00
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)