

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

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Apr 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000087456 (8)**

1. Corporation Name  
**JEM RESORTS INC.**



Principal Place of Business <b>2200 E IRLO BRONSON MEMORIAL HWY SUITE 104 KISSIMMEE FL 34744</b>	Mailing Address <b>2200 E IRLO BRONSON MEMORIAL HWY SUITE 104 KISSIMMEE FL 34744-4410</b>
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3. Date Incorporated or Qualified <b>12/23/1993</b>	3a. Date of Last Report <b>05/28/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	4. FEI Number <b>59-3214999</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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	<b>C</b>	1.1 TITLE	<b>DIRECTOR</b>
NAME	<b>COMBEN, ROY</b>	1.2 NAME	<b>MICHAEL AGONBAR</b>
STREET ADDRESS	<b>888 COUNTRY CROSSING</b>	1.3 STREET ADDRESS	<b>743 COUNTRY WOODS</b>
CITY-ST-ZIP	<b>KISSIMMEE FL</b>	1.4 CITY-ST-ZIP	<b>KISSIMMEE FLORIDA 34743</b>
TITLE	<b>PT</b>	2.1 TITLE	
NAME	<b>VASQUEZ, JULIAN</b>	2.2 NAME	
STREET ADDRESS	<b>2200 E. IRLO BRONSON HWY</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KISSIMMEE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b>	3.1 TITLE	
NAME	<b>ELLIOTT, W J</b>	3.2 NAME	
STREET ADDRESS	<b>389 PASSAIC AVE #222</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FAIRFIELD NJ</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 REQUIRED**

**3/17/97**

**4078474500**

Date

Daytime Phone #

CR2E034 (9/96)