Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90068 026 \*\*\*150.00

## **EXAMPLE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT-# P93000087456

1. Corporation Name

JEM RESORTS INC..

Principal Place of Business Mailing Address					f to the time of time of time of the time of the time of the time of t	18811 61861 6	Tille fill raal	
2200 E IRLO BRONSON MEMORIAL HWY SUITE 104 KISSIMMEE FL 34744		2200 E IRLO BRONSON MEMORIAL HWY SUITE 104 KISSIMMEE FL 34744		WY	DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 12/23/1993			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	App	olied For	
21		26	26		59-3214999		Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	d		
City & State	3	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country				8. This corporation owes the current year Intang	jible		
24	25	29 30			Personal Property Tax.	] Yes	<b>≥</b> No_	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Ag	ent		
VASQUEZ, JULIAN 2200 E. IRLO BRONSON HWY				81 Name  82 Street Address (P.O. Box Number is Not Acceptable)				
SUITE 104 -								
KISSIMEE FL 34744			1	33				
Nios	MMEE FL 34/44		1	64 City	FL	85 Zip C	ode	
office or n	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was auth	iorized i	ov the como	corporation submits this statement for the purpose of chaporation's board of directors. I hereby accept the appointment	anging its lent as reg	registered gistered	
SIGNATURE	Signature, typed or printed name of registered ago	ent and title if applicable. (NOTE: Re	gistered A	gent signature	required when reinstating) DATE		<del></del>	
12. OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICERS AND I			
TITLE	С	<b>№</b> DELETE			1 - 11 - 12 - 1	Change	Addition	
NAME .	COMBEN, ROY	BEN, ROY		Έ	comben, Roy			
STREET ADDRESS	TADDRESS 866 COUNTRY CROSSING		1.3 STR	1.3 STREET ADDRESS 866 COUNTRY Crossing				
CITY-ST-ZIP	KISSIMMEE FL		1.4 CITY-ST-ZIP		Kissimmee FL 34744			
TITLE	PT	<b>⊠</b> DELETE	2.1 TITL	E	President	<b>≩</b> 'Change	Addition	
NAME A	VASQUEZ, JULIAN		2.2 NAM	E	Vasquez, Julian			
STORET ADDRESS	2200 F. IRLO BRONSON HW	<b>Y</b>	2.3 STR	EET ADDRESS				

2.4 CITY-ST-ZIP

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

8.2 NAME

DELETE

**⊠** DELETE

DELETE

DELETE

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:

KISSIMMEE FL

KISSIMMEE FL

PARKE, ALAN G

30 GREENVIEW WAY

MONTCLAIR NJ 07043

AGONBAR, MICHAEL

743 COUNTRY WOODS

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZiP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

4/20/99

Chairman, Treasuren, SecreTary

2200 E Irlo Bronson Hwy

KISSIMMER, FL 34744

Parke, Alan G

30 Greenview way

EllioTT, Ward J

[ ] Change

Addition

Addition

Addition

Addition