

FILE 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

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90065 031 \*\*\*150.00

**DOCUMENT # V48809**

1. Corporation Name

**JEM RESORTS MANAGEMENT SERVICES, INC.**

Principal Place of Business

**2200 E. IRLO BRONSON  
SUITE 104-A  
KISSIMMEE FL 34744**

Mailing Address

**2200 E. IRLO BRONSON  
SUITE 104-A  
KISSIMMEE FL 34744**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/30/1992**

4. FEI Number

**59-3137578**

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 owes the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**VASQUEZ, JULIAN  
2200 E. IRLO 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

**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 **PTS** ☒ DELETE

NAME **VASQUEZ, JULIAN**  
STREET ADDRESS **2200 E. IRLO BRONSON**  
CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE **D** ☐ DELETE

NAME **MICHAEL AGOMBAR G**  
STREET ADDRESS **743 COUNTRY WOODS**  
CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE **VP** ☐ DELETE

NAME **SILLS, LARA J**  
STREET ADDRESS **2200 E. IRLO BRONSON**  
CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE **COB** ☐ DELETE

NAME **COMBEN, ROY**  
STREET ADDRESS **866 COUNTRY CROSSING CT.**  
CITY-ST-ZIP **KISSIMMEE FL**

TITLE **COB, Treasurer, S** ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☒ Change ☐ Addition

1.2 NAME **Vasquez, Julian**

1.3 STREET ADDRESS **2200 E Irlo Bronson**

1.4 CITY-ST-ZIP **Kissimmee, FL 34744**

2.1 TITLE ☐ 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 **Director** ☒ Change ☐ Addition

4.2 NAME **Comben, Roy**

4.3 STREET ADDRESS **866 Country Crossing CT**

4.4 CITY-ST-ZIP **Kissimmee FL 34744**

5.1 TITLE **COB, Treasurer, Secretary** ☐ Change ☒ Addition

5.2 NAME **Alan G Parke**

5.3 STREET ADDRESS **30. Greenview Way**

5.4 CITY-ST-ZIP **Upper Montclair NJ 07043**

6.1 TITLE **Director** ☐ Change ☒ Addition

6.2 NAME **Ward J Elliot T**

6.3 STREET ADDRESS **2200 E Irlo Bronson**

6.4 CITY-ST-ZIP **Kissimmee, FL 34744**

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/20/99**

Date

**973-744-9177**

Daytime Phone #

CR2E034 (11/98)