

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 10:04

DOCUMENT # 531716 (9)

1. Corporation Name

INTERVAL MANAGEMENT CORPORATION

Principal Place of Business

2550 DOUGLAS ROAD, SUITE 300-A
CORAL GABLES FL 33134-6126

Mailing Address

2550 DOUGLAS ROAD, SUITE 300-A
CORAL GABLES FL 33134-6126

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/18/1977

3a. Date of Last Report

02/10/1994

4. FEI Number

59-1758956

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

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

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

9. Name and Address of Current Registered Agent

SEVIN, NORMAN M.
2550 DOUGLAS ROAD, SUITE 300-A
CORAL GABLES FL 33134

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	PD
NAME	LEVIN, MORTON
STREET ADDRESS	1940 HARRISON ST
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	SD
NAME	SEVIN, NORMAN
STREET ADDRESS	2550 DOUGLAS ROAD #300-A
CITY-ST-ZIP	CORAL GABLES FL
TITLE	VP
NAME	CHERN, LILLIAN G.
STREET ADDRESS	3948 S. W. 5 STREET
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	LOIACONO, VINCENT
STREET ADDRESS	717 PONCE DE LEON BLVD
CITY-ST-ZIP	CORAL GABLES FL
TITLE	DST
NAME	CHERN, MARSHALL M.
STREET ADDRESS	2550 DOUGLAS ROAD #300-A
CITY-ST-ZIP	CORAL GABLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

Marshall M. Cherv

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-95

(Date)

(407) 348-5246

(Typed Name)