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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **531716** **(9)**

1. Corporation Name
INTERVAL MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
~~2550 DOUGLAS ROAD, SUITE 300-A~~ ~~CORAL GABLES FL 33134-6120~~	~~2550 DOUGLAS ROAD, SUITE 300-A~~ ~~CORAL GABLES FL 33134-6124~~

3. Date Incorporated or Qualified: **04/18/1977**
3a. Date of Last Report: **01/24/1996**

2. Principal Place of Business	2a. Mailing Address
21 **1313 Ponce de Leon Blvd.**	26 **1313 Ponce de Leon Blvd.**
Suite, Apt. # etc. 22 **Suite 301**	Suite, Apt. #, etc. 27 **Suite 301**
City & State 23 **Coral Gables, FL**	City & State 28 **Coral Gables, FL**
Zip / Country 24 **33134** / 25 **Dade**	Zip / Country 29 **33134** / 30 **Dade**

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SEVIN, NORMAN M. ~~2550 DOUGLAS ROAD, SUITE 300-A~~ ~~CORAL GABLES FL 33134~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): **1313 Ponce de Leon Blvd.** 83 **Suite 301** 84 City: **Coral Gables** **FL** 85 Zip Code: **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: Norman M. Sevin — NORMAN M. SEVIN — 2/6/97
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	**PD** **LEVIN, MORTON** **1940 HARRISON ST** **HOLLYWOOD FL**	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**SD** **SEVIN, NORMAN** ~~2550 DOUGLAS ROAD #300-A~~ ~~CORAL GABLES FL~~	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	1313 Ponce de Leon Blvd., Suite 301 Coral Gables, FL 33134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**VP** **CHERN, LILLIAN G.** **3948 S. W. 5 STREET** **MIAMI FL**	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**D** **LOIACONO, VINCENT** **717 PONCE DE LEON BLVD** **CORAL GABLES FL**	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DST** **CHERN, MARSHALL M.** ~~2550 DOUGLAS ROAD #300-A~~ ~~CORAL GABLES FL~~	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	1313 Ponce de Leon Blvd., Suite 301 Coral Gables, FL 33134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

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: Norman M. Sevin — NORMAN M. SEVIN — 2/6/97 — (305)443-3393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #