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

PROFIT. CORPORATION ANNUAL REPORT 1998 DOCUMENT #
1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

575600

(2)

INTERVAL ADVERTISING, INC.

## **FILED** Apr 16 1998 8:00am Secretary of State



		····							
Principal Place of Business Mailing Address						, 140101 01111 (888) 8(F) \$ 01111 0 00111 0		***************************************	
6262 SUNSET DR., PH 1 6262 SUNSET DR., PH 1					1				
MIAMI FL 33143   MIAMI FL 33143						DO NOT WRITE IN THIS SPACE			
					1	3. Date Incorporated or Qualified		1741	
						06/13/1978			
<b>└</b>	lace of Business	2a, Mailing Address	2a. Mailing Address			4. FEI Number		Ar	oplied For
21 26						<u>59-1918542</u>			ot Applicable
Suite, Apt. #, etc. Suite, Apt.   Suite, Apt.   27			#, etc.			5. Certificate of Status Desired			Additional equired
22			<del></del>			6 Flation Compains Figureins			<del></del>
23	•	28				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip Country		Zip Country			8. This corporation owes or has p	aid the cur			
24	25	11	30	10		Personal Property Tax due Jun			X No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New R	egistered /	Agent	
	ARBERT, JEANETTE E.		81	Na	ne				
	62 SUNSET DR., PH 1		82 Street Addre			s (P.O. Box Number is Not Accepta	ble)		
MI	AMI FL 33143		83						
							_		
			84	City	7		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the abov	e-nam	ned corpor	ation submits this statement for the		changing if	ts registered
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligi	of Florida. Such change was a ations of, Section 607.0505, Flo	uthorized by irida Statute	/ the ( s.	corporation	n's board of directors. I hereby acce	pt the appo	ointment as	registered
SIGNATURE									
	Signature, typed or printed name of registered age			ent sign	ature required	when reinstating)	DATE		
12.	OFFICERS AN	D DIRECTORS  DELETE	13.	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR  Change	RS IN 12 Addition
TITLE NAME	RISHELL, PAUL W		1.1 IIILE 1.2 NAME						ADUILION
STREET ADDRESS	6262 SUNSET DRIVE, PH 1		1.3 STREET	*UUDE	es				
CITY-ST-ZIP	MIAMI FL		1.4 CITY- 5		35				
TITLE	T	DELETE	2.1 TITLE	71-211				Change	Addition
NAME	KREVAT, STEVE		22 NAME						
STREET ADDRESS	6262 SUNSET DR, PH 1		2 3 STREET	ADDRE	SS .				
CITY-ST-ZIP	MIAMI FL		2. 4 CiTY-	ST-ZIP					
TITLE	AS	X DELETE	3.1 TITLE		AS			Change	Addition
NAME	LIPTON, AMY N.		3.2 NAME			CKE, VICTORIA J.	_		
STREET ADDRESS	707 SUMMER STREET		3.3 STREET	ADDRE		2 SUNSET DRIVE, PH	1		
CITY - ST - ZIP	STAMFORD CT	T beleve	3.4. CITY -:	ST-ZIP	MIA	MI, FL 33143	<del>-</del>	T ()	Addition
TITLE	NASH. CRAIG M.	☐ DELETE	4.1 TITLE		1			☐ Change	TT Wagition
NAME OXOCET ADDRESS I	6262 SUNSET DR., PH 1		4. 2 NAME	1					
STREET ADDRESS	MIAMI FL			4.3 STREET ADORESS					
CITY-ST-ZIP TITLE	DEV	<b>™</b> DELETE	5.1 TITLE	4.4 CITY-ST-ZIP 5.1 TITLE			-	Change	X Addition
NAME	SHELTON, E. KIRK		5.2 NAME	•		T, JENNIFER A.		_ •	-
STREET ADDRESS	707 SUMMER STR		1	5.3 STREET ADDRESS		2 SUNSET DRIVE, PH	1		
CITY-ST-ZIP	STAMFORD CT		5.4 CITY - 5		1020	MI. FL 33143	1		
TITLE	\$	DELETE	6.1 TITLE	*****				X Change	Addition
NAME	Marbert, Jeanette e.		6.2 NAME		V/S				
STREET ADDRESS	The state of the s		6.3 STREET	6.3 STREET ADDRESS					
CITY - ST - ZIP	MIAMI FL		6.4 CITY - S						
14   hereby (	certify that the information supplied w	ith this filing does not qualify fo	r the exemp	tion s	tated in Se	ection 119.07(3)(i). Florida Statutes.	Lfurther ce	rtify that the	information

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 informatio 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.

GNATURE:

(305) 666-1861

SIGNATURE: