

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F93000000180 (0)
1. Corporation Name

VACATION OWNERSHIP MARKETING, INC.



Principal Place of Business	Mailing Address
14335 LAKE BRYAN ROAD ORLANDO FL 32821	8751 TREASURE CAY LANE ORLANDO FL 32836 US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 12016 Turtle Cay Circle		26 12016 Turtle Cay Circle		01/14/1993		03/24/1995	
Suite, Apt. #, etc		Suite, Apt. #, etc		4. FEI Number		Applied For	
22 City & State		27 City & State		59-3158112		Not Applicable	
23 Orlando, Fl.		28 Orlando, Fl.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 32836		29 32836		Country		8. This corporation has liability for intangible tax under s. 199.03?, Florida Statutes	
25 USA		30 USA				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GREY, CHARLES G 14335 LAKE BRYAN ROAD ORLANDO FL 32821				81 Name Gianonni, Genevieve			
				82 Street Address (P.O. Box Number is Not Acceptable) 12016 Turtle Cay Circle			
				83			
				84 City Orlando			
				85 Zip Code FL 32836			

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]* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFREE, HERBERT T	12 NAME	
STREET ADDRESS	6146 MARINEWAY SW	13 STREET ADDRESS	220 Lyon NW Ste. 400
CITY-ST-ZIP	GRANDVILLE MI	14 CITY-ST-ZIP	Grand Rapids, MI 49503
TITLE	AG	21 TITLE	VP AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIANNONI, GENEVIEVE	22 NAME	Giannoni, Genevieve
STREET ADDRESS	3525 VICTORIA WAY	23 STREET ADDRESS	12016 Turtle Cay Circle
CITY-ST-ZIP	LONGWOOD FL	24 CITY-ST-ZIP	Orlando, Fl. 32836
TITLE	VP	31 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREY, CHARLES G.	32 NAME	Frey, Charles C.
STREET ADDRESS	GREY, CHARLES G.	33 STREET ADDRESS	12016 Turtle Cay Circle
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	Orlando, Fl. 32836
TITLE	G	41 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUNGAN, PATRICIA	42 NAME	Anna M. DiRocco
STREET ADDRESS	2004 WOODSIDE RD	43 STREET ADDRESS	12016 Turtle Cay Circle
CITY-ST-ZIP	WOODSIDE GA	44 CITY-ST-ZIP	Orlando, Fl. 32836
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 119.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* Genevieve Gianonni, VP 6/24/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)