

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

21 12016 Turtle Cay Circle  
Suite, Apt. #, etc

26 12016 Turtle Cay Circle  
Suite, Apt. #, etc

22 City & State

27 City & State

23 Orlando, Fl.

28 Orlando, Fl.

24 Zip  
32836

25 Country  
USA

29 Zip  
32836

30 Country  
USA

3. Date Incorporated or Qualified

01/14/1993

3a. Date of Last Report

03/24/1995

4. FEI Number

59-3158112

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

~~FREY, CHARLES C.~~  
~~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

FL

85 Zip Code  
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 of officer 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 PD  
NAME ALFREE, HERBERT T  
STREET ADDRESS ~~6140 HAWTHORNE AVE SW~~  
CITY-ST-ZIP ~~GRANDVILLE MI~~

TITLE ~~AS~~  
NAME GIANNONI, GENEVIEVE  
STREET ADDRESS ~~3325 VICTORIA WAY~~  
CITY-ST-ZIP ~~LONGWOOD FL~~

TITLE ~~VP~~  
NAME ~~GREY, CHARLES C.~~  
STREET ADDRESS ~~GREY, CHARLES C.~~  
CITY-ST-ZIP ~~ORLANDO FL~~

TITLE ~~AS~~  
NAME ~~DUNGAN, PATRICIA~~  
STREET ADDRESS ~~2004 WOODSIDE RD~~  
CITY-ST-ZIP ~~WOODSIDE CA~~

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

220 Lyon NW Ste. 400  
Grand Rapids, MI 49503

VP AS  
Gianonni, Genevieve  
12016 Turtle Cay Circle  
Orlando, Fl. 32836

VP  
Frey, Charles C.  
12016 Turtle Cay Circle  
Orlando, Fl. 32836

S  
Anna M. DiRocco  
12016 Turtle Cay Circle  
Orlando, Fl. 32836

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: Genevieve Gianonni, VP 6/24/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D.A.

Digitized by me

CR2E034 (3/96)