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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K(
1. Corporation Name
INTERVAL LODGING INC.

Principal Place	ol Busines	s	M	Mailing Address				1	ı iddidili mir maril fifth tital statt di	01 01011 B1B1 1 1			
S MORTON G				% MORTON GLICK									
2951 HIGH POINT BLVD. 2951 HIGH POINT BLVD.										DO MOT HISTORY		DAGE	
KISSIMMEE FL 34747 KISSIMMEE FL 34747										DO NOT WRITE	IN THIS S	PACE	
										Date Incorporated or Qualified 11/25/1987			
2. Principal Pl	ace of Busi	ness		2a. Mailing Address					4. FEI Number 59-2858203				pplied For
21			26]	Suite, Apt. #, etc.									lot Applicable
Suite, Apt. :	W, BIC.			 -					5.	Certificate of Status Desired			Additional lequired
City & State				City & State					 _	Floriton Committee Floring			
23				28					0.	Election Campaign Financing Trust Fund Contribution			May Be I to Fees
Zip	Zip Country			Zip Cour					-		as paid the current year Intangible		
24		25	29	•	30		•		Personal Property Tax due June 30. Yes No				
	9. Name	and Address of Cur		stered Agent	1551	Т			10.	Name and Address of New Re			
RAI	IL, PATRIC	CIA A. (ESQ.)				81	Nε	ame					
2951 HIGH POINT BLVD.							S+r	root Addro	scc /D	O. Box Number is Not Acceptat	10)		
KISSIMMEE FL 34746						82 Street Addi			:55 (I	.O. Box Number is Not Acceptate	лө)		
ļ						83		•					
]			84 City						65 7in	Code			
						84	CI	iy			FL	85 Zip	Code
11. Pursuant t	o the provis	ions of Sections 607.0	0502 and 6	07.1508, Florida	e-nar	med corpo	oratio	n submits this statement for the poard of directors. I hereby acce	ourpose of	changing	its registered		
agent. I ar	n familiar w	ith, and accept the ob	ligations o	f, Section 607.05	05, Florida St	atutes) Lilo S.	Corporatio	JII S L	board of directors. Thereby acces	or trie app	on directic as	s registered
SIGNATURE													
	Signature, typed	or printed name of registered			(NOTE: Register		nt sig	nature required		· · · · · · · · · · · · · · · · · ·	DATE	212222	
12.	PSD	OFFICERS :	AND DIRE	DELE1	13				<u>/</u>	ADDITIONS/CHANGES TO OFFIC		DIRECTO Change	RS IN 12 Addition
TITLE		MORTON		ויין טנונו		TITLE		İ				L_J Gliange	L_1 Addition
NAME		GH POINT BLVD.					1.2 NAME						
1	VICENALEE EI						1.3 STREET ADDRESS						
CITY+ST-ZIP TITLE			DELETE			1.4 City-St-ZiP 2.1 Title			· · · · · ·			Change	Addition
NAME						NAME						LT Cusufe	L) Addition
STREET ADDRESS						STREET	KODO)ree					
1								1					}
CITY-ST-ZIP TITLE				DELETE			2.4 CHY-ST-ZIP 3.1 TITLE					Change	Addition
NAME						NAME							
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CITY-ST-ZIP						CITY-S							
TITLE				DELET		TITLE						Change	Addition
NAME						NAME							
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CITY-ST-ZIP						CITY-S							
TITLE				DELET		TITLE						Change	Addition
NAME				-		NAME							
STREET ADDRESS						STREET	ADDR	IESS					
CITY-ST-ZIP						CITY-S							
TITLE				DELET		TITLE		<u> </u>				Change	Addition
NAME						NAME							
STREET ADDRESS						STREET	ADDR	IESS					
CITY-ST-ZIP						CITY - S'		1					
	ertify that th	e information supplier	with this !	liling does not au					Sectio	n 119.07(3)(i), Florida Statutes, I	further cer	tify that the	e information

Intereory certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(f). 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 emphyered 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.

INDEXISTANCE.