FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 3:33

DOCUMENT # K26995 (6)

1. Corporation Name
VACATION RESORT RESALES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
1629 WINCHESTER ROAD MEMPHIS TN 38116	8505 W. IRLO BRONSON MEM. WAY KISSIMMEE FL 34747 US

3. Date Incorporated or Qualified: 06/24/1988
3a. Date of Last Report: 03/25/1994

2. Principal Place of Business
21: 8505 W. Irlo Bronson
22 Suite, Apt. #, etc.: Mem. Highway
23 City & State: Kissimmee FL
24 Zip: 34747
25 Country: USA

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: 62-1357128 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
TITLE	D	1.1 TITLE	☐ Change ☑ Addition
NAME	WILSON, KEMMONS	1.2 NAME	
STREET ADDRESS	1629 WINCHESTER ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN	1.4 CITY-ST-ZIP	38116
TITLE	PD	2.1 TITLE	☐ Change ☑ Addition
NAME	WILSON, SPENCE	2.2 NAME	
STREET ADDRESS	1629 WINCHESTER ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN	2.4 CITY-ST-ZIP	38116
TITLE	VPO	3.1 TITLE	☐ Change ☑ Addition
NAME	WILSON, ROBERT A.	3.2 NAME	
STREET ADDRESS	1629 WINCHESTER ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN	3.4 CITY-ST-ZIP	38116
TITLE	VD	4.1 TITLE	☐ Change ☑ Addition
NAME	WILSON, C. KEMMONS, JR.	4.2 NAME	
STREET ADDRESS	1629 WINCHESTER ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN	4.4 CITY-ST-ZIP	38116
TITLE	D	5.1 TITLE	☐ Change ☑ Addition
NAME	MOORE, BETTY WILSON	5.2 NAME	
STREET ADDRESS	1629 WINCHESTER ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN	5.4 CITY-ST-ZIP	38116
TITLE	VPT	6.1 TITLE	☐ Change ☑ Addition
NAME	PETTEY, JOHN	6.2 NAME	
STREET ADDRESS	1629 WINCHESTER ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN	6.4 CITY-ST-ZIP	38116

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)(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: Brant Lower 2/15/95 (407)239-1034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Vice President

0376807 CP