


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 01, 2004 08:00 AM
Secretary of State**

DOCUMENT # K57346 1. Entry Name INTERVAL, INC.	
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Principal Place of Business C/O GLENN HAFT 1200 S. PINE ISLAND RD., SUITE 475 PLANTATION, FL 33324	Mailing Address C/O GLENN HAFT 1200 S. PINE ISLAND RD., SUITE 475 PLANTATION, FL 33324
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02192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0103990	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAFT, GLENN
1200 S. PINE ISLAND ROAD
SUITE 475
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000073124
03/02/04-80023-024 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MASTERS, PHILIP 221-18 MERRICK BLVD. JAMAICA, NY 11413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC FIELDS, ALLAN N 4141 N. 41ST ST. HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PLEETER, LOUIS J 2255 GLADES ROAD, #236-W BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAFT, GLENN R 1200 S. PINE ISLAND RD. #475 PLANTATION, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with or without other like empowered.

SIGNATURE: *Glenn R. Haft* **GLENN R. HAFT** 2/27/04 (954) 476-7020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #