

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

APPROVED
AND
FILED

DOCUMENT # **P39241** (5)

1. Corporation Name
GRAND VACATIONS REALTY, INC.

95 APR -4 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
6355 METRO WEST BLVD SUITE 180 ORLANDO FL 32835 US **6355 METROWEST BLVD. STE. 180 ORLANDO FL 32835 US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 29 Zip 30 Country

3. Date Incorporated or Qualified **06/15/1992** 3a. Date of Last Report **06/09/1994**
4. FEI Number **65-0330739** 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
**TEN BROEK, ALLEN G
6355 METRO W BLVD
SUITE 180
ORLANDO FL 32835**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 fee if applicable. NOTE: Registered Agent signature required when re-stating.

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY - ST - ZIP
PCD **TEN BROEK, ALLEN G.
6355 METROWEST BLVD., SUITE 180
ORLANDO FL**
V **MOORE, MITCHELL R.
13391 MCGREGOR BLVD., SW
FT. MYERS FL**
S **MCMULLEN, MALCOLM
6355 METROWEST BLVD. STE. 180
ORLANDO FL**
Y **MATTHEW, THOMAS O.
6355 METROWEST BLVD. STE. 180
ORLANDO FL**
D **BARBER, ROBLEY T.
6355 METROWEST BLVD., STE 180
ORLANDO FL**
D **HARRILL, DONALD L.
9336 CIVIC CENTER DRIVE
BEVERLY HILLS CA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME **Director**
1.3 STREET ADDRESS **Edwin H. McMullen, Sr.
6355 MetroWest Blvd., Suite 180**
1.4 CITY - ST - ZIP **Orlando, Florida 32835**
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE Change Addition
6.2 NAME **Director**
6.3 STREET ADDRESS **Harrill, Donald L.
6355 MetroWest Blvd., Suite 180**
6.4 CITY - ST - ZIP **Orlando, Florida 32835**

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 199.07(3)(a), 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: Allen G. Ten Broek 3/21/96 (407) 521-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time Filed