

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

FILED

**May 13 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P39241 (5)

1. Corporation Name
GRAND VACATIONS REALTY, INC.



Principal Place of Business 6355 METRO WEST BLVD SUITE 180 ORLANDO FL 32835 US	Mailing Address 6355 METROWEST BLVD. STE. 180 ORLANDO FL 32835-6203 US
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3. Date Incorporated or Qualified 06/15/1992	3a. Date of Last Report 04/23/1996
4. FEI Number 65-0330739	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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9. Name and Address of Current Registered Agent

**HARRILL, DONALD L
6355 METROWEST BLVD. STE 180
SUITE 180
ORLANDO FL 32835**

10. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> DELETE
NAME	DONALD L. HARRILL	
STREET ADDRESS	6355 METROWEST BLVD. STE 180	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MOORE, MITCHELL R.	
STREET ADDRESS	13391 MCGREGOR BLVD.,SW	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MCMULLEN, MALCOLM	
STREET ADDRESS	6355 METROWEST BLVD. STE. 180	
CITY-ST-ZIP	ORLANDO FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MATTHEW, THOMAS O.	
STREET ADDRESS	6355 METROWEST BLVD. STE. 180	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARBER, ROBLEY T.	
STREET ADDRESS	6355 METROWEST BLVD., STE 180	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	DAGOT, ANTOINE	
STREET ADDRESS	6355 METROWEST BLVD., STE 180	
CITY-ST-ZIP	ORLANDO FL 32835	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Gerald Ransdell	
1.3 STREET ADDRESS	3575 Las Vegas Blvd. South	
1.4 CITY-ST-ZIP	Las Vegas, Nevada 89109	
2.1 TITLE	Asst. VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Melody Ann Jackson	
2.3 STREET ADDRESS	7645 Turkey Lake Road	
2.4 CITY-ST-ZIP	Orlando, FL 32819	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Daniel L. Carricato	
3.3 STREET ADDRESS	6355 MetroWest Blvd., Ste. 180	
3.4 CITY-ST-ZIP	Orlando, FL 32835	
4.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Nancy Bugea	
4.3 STREET ADDRESS	3575 Las Vegas Blvd. South	
4.4 CITY-ST-ZIP	Las Vegas, Nevada 89109	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing 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: _____ DATE: **4/24/97** (407) 521-3100

CR2E034 (9/96)