

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

FILED
Feb 04, 1999 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

02-04-1999 90004 024 ****158.75

DOCUMENT # P39241

1. Corporation Name
GRAND VACATIONS REALTY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 6355 METRO WEST BLVD
 SUITE 180
 ORLANDO FL 32835
 US

Mailing Address
 6355 METROWEST BLVD.
 STE. 180
 ORLANDO FL 32835
 US

3. Date Incorporated or Qualified
06/15/1992

4. FEI Number
65-0330739

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

30.

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

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code

FL

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 12	
TITLE PC NAME DONALD L. HARRILL STREET ADDRESS 6355 METROWEST BLVD. STE 180 CITY-ST-ZIP ORLANDO FL 32835	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME CLEMENS, LEN STREET ADDRESS 2939 W GULF DRIVE CITY-ST-ZIP SANIBEL ISLAND FL 33957	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME RUDLUFF, GARY STREET ADDRESS 3575 LAS VEGAS BLVD SOUTH CITY-ST-ZIP LAS VEGAS NE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME MEEKER, WILMER E STREET ADDRESS 6355 METROWEST BLVD. STE. 180 CITY-ST-ZIP ORLANDO FL 32835	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME BARBER, ROBLEY T. STREET ADDRESS 6355 METROWEST BLVD., STE 180 CITY-ST-ZIP ORLANDO FL 32835	<input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VPD NAME DAGOT, ANTOINE STREET ADDRESS 6355 METROWEST BLVD., STE 180 CITY-ST-ZIP ORLANDO FL 32835	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

Janet Sue Mason

Director & Secretary
 Daniel Carricato
 6355 MetroWest Blvd. Ste 180
 Orlando, FL 32835

14. I 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, with all other like empowered.

SIGNATURE: _____ DATE: 1/20/99 (407) 521-3100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Donald L. Harrill

CR2E034 (11/98)