

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000001472 (8)

1. Corporation Name
VCH CONTRACTING, INC.



Principal Place of Business: 8801 VISTANA CENTRE DR. ORLANDO FL 32821 US
Mailing Address: P.O. BOX 22197 LAKE BUENA VISTA FL 32821-2197 US

3. Date incorporated or Qualified: 12/31/1992
3a. Date of Last Report: 04/06/1995
4. FEI Number: 59-3172405
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

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

9. Name and Address of Current Registered Agent

EGERTON, CHARLES H
800 N. MAGNOLIA AVE.
SUITE 1500
ORLANDO FL 32803

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: _____ (NOTE: Registered Agent signature required when transferring)

12. OFFICERS AND DIRECTORS

TITLE	D/P	<input type="checkbox"/> DELETE
NAME	GELLEIN, RAYMOND L JR.	
STREET ADDRESS	8801 VISTANA CENTRE DRIVE	
CITY - ST - ZIP	ORLANDO FL	
TITLE	D/V	<input type="checkbox"/> DELETE
NAME	ADLER, JEFFREY A	
STREET ADDRESS	8801 VISTANA CENTRE DRIVE	
CITY - ST - ZIP	ORLANDO FL	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	AVRIL, MATTHEW E.	
STREET ADDRESS	8801 VISTANA CENTRE DRIVE	
CITY - ST - ZIP	ORLANDO FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MCKNIGHT, JAMES A.	
STREET ADDRESS	8801 VISTANA CENTRE DRIVE	
CITY - ST - ZIP	ORLANDO FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DAVIDSON REX A.	
STREET ADDRESS	8801 VISTANA CENTRE DRIVE	
CITY - ST - ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ 03/18/96 407/239-3000
Matthew E. Avril, Vice President Secretary & Treasurer
Date Daytime Phone #

CR2E034 (12/95)