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SECRETARY OF STATE
TALLAHASSEE FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P93000001472
1. Corporation Name
VCH CONTRACTING, INC.

Principal Place of Business: 8801 VISTANA CENTRE DRIVE, ORLANDO, FLORIDA 32821, U.S.A.
Mailing Address: P.O. BOX 22197, LAKE BUENA VISTA, FLORIDA 32821-2197, U.S.A.

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
City & State: LAKE BUENA VISTA, FLORIDA
Zip: 32830-2197, Country: U.S.A.

3. Date Incorporated or Qualified: 12/31/92
3a. Date of Last Report: 3/27/96
4. FEI Number: 59-3175010
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
EGERTON, CHARLES H.
800 N. MAGNOLIA AVENUE
SUITE 1500
ORLANDO, FLORIDA 32803

10. Name and Address of New Registered Agent
81 Name: C T CORPORATION SYSTEM
82 Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD
83
84 City: PLANTATION, FL
85 Zip Code: 33324

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 shall be effective upon the filing of this statement with the Secretary of State. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.
Signature: *Conie Bay*
Name: **CONNIE BRYAN**
Title: **SPECIAL ASSISTANT SECRETARY**
Date: 4/28/97

12. OFFICERS AND DIRECTORS		DELETE
TITLE	P/D	<input type="checkbox"/>
NAME	GELLEIN, RAYMOND L., JR.	
STREET ADDRESS	8801 VISTANA CENTRE DRIVE	
CITY-ST-ZIP	ORLANDO, FLORIDA 32821	
TITLE	VP/D	<input type="checkbox"/>
NAME	ADLER, JEFFREY A.	
STREET ADDRESS	8801 VISTANA CENTRE DRIVE	
CITY-ST-ZIP	ORLANDO, FLORIDA 32821	
TITLE	V/S/T	<input checked="" type="checkbox"/>
NAME	AVRIL, MATTHEW E.	
STREET ADDRESS	8801 VISTANA CENTRE DRIVE	
CITY-ST-ZIP	ORLANDO, FLORIDA 32821	
TITLE	VP	<input type="checkbox"/>
NAME	McKNIGHT, JAMES A.	
STREET ADDRESS	8801 VISTANA CENTRE DRIVE	
CITY-ST-ZIP	ORLANDO, FLORIDA 32821	
TITLE	VP	<input type="checkbox"/>
NAME	DAVIDSON, REX A.	
STREET ADDRESS	8801 VISTANA CENTRE DRIVE	
CITY-ST-ZIP	ORLANDO, FLORIDA 32821	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE	EVP/COO/AS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 NAME	AVRIL, MATTHEW E.		
13 STREET ADDRESS	8801 VISTANA CENTRE DRIVE		
14 CITY-ST-ZIP	ORLANDO, FLORIDA 32821		
21 TITLE	SVP/S	<input type="checkbox"/>	<input checked="" type="checkbox"/>
22 NAME	WERTH, SUSAN B.		
23 STREET ADDRESS	8801 VISTANA CENTRE DRIVE		
24 CITY-ST-ZIP	ORLANDO, FLORIDA 32821		
31 TITLE	SVP/CFO/AS/T	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32 NAME	SABIN, JOHN M.		
33 STREET ADDRESS	8801 VISTANA CENTRE DRIVE		
34 CITY-ST-ZIP	ORLANDO, FLORIDA 32821		
41 TITLE			<input checked="" type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 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: *Jeffrey A. Adler* Jeffrey A. Adler 4/24/97 (407) 239-3000
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)