

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 24 AM 9:50

DOCUMENT # P93000063873 (2)

1. Corporation Name
STERLING VACATION HOME MANAGEMENT INC.

Principal Place of Business
12 DOVERPLUM CENTER
POINCIANA FL 34759

Mailing Address
12 DOVERPLUM CENTER
POINCIANA FL 34759

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/14/1993
3a. Date of Last Report: 05/12/1994
4. FEI Number: 59-320222
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

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country

2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country

9. Name and Address of Current Registered Agent
HAWKINS, TERENCE S.C.
12 DOVERPLUM CENTER
POINCIANA FL 34759

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

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

Signature, typed or printed name of registered agent and title if applicable. (If 3/11. Registered Agent signature required when reinstating) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	BRIDGMAN, LINDA R	1. TITLE	P/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4 WINDSOR CLOSE	2. NAME	BRIDGMAN, LINDA R
STREET ADDRESS	SLEAFORD LINC'S NG 7NL UK	3. STREET ADDRESS	4, WINDSOR CLOSE
CITY ST ZIP		4. CITY ST ZIP	SLEAFORD LINC'S NG34 7NL UK
C	BRIDGMAN, TERENCE C	7. TITLE	C/M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4 WINDSOR CLOSE	2. NAME	BRIDGMAN TERENCE C
STREET ADDRESS	SLEAFORD LINC'S NG34 7NL UK	3. STREET ADDRESS	4, WINDSOR CLOSE
CITY ST ZIP		4. CITY ST ZIP	SLEAFORD LINC'S NG34 7NL UK
S	HAWKINS, TERENCE	3.1 TITLE	REMOVE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1641 E. LUND AVE	3.2 NAME	HAWKINS T
STREET ADDRESS	KISSIMMEE FL	3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
VC	HAWKINS, JANE	4.1 TITLE	REMOVE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1641 E. LUND AVE	4.2 NAME	HAWKINS J
STREET ADDRESS	KISSIMMEE FL	4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
		5.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		5.2 NAME	RUPP, ANGELA
		5.3 STREET ADDRESS	107, CLYDEBANK PLACE
		5.4 CITY ST ZIP	KISSIMMEE FL 34758
		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 110.07(6)(b), 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: L. R. BRIDGMAN LINDA R. BRIDGMAN 05/15/95 (407) 933-0060
Signature and typed or printed name of signing officer or director Date (Signature Please)