

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 # 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

3. Date Incorporated or Qualified

09/14/1993

3a. Date of Last Report

07/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

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25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAWKINS, TERENCE S.C.
12 DOVERPLUM CENTER
POINCIANA FL 34759

81

Name

Bridgman, Linda R.

82

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

12 Doverplum Center

83

84

City

Poinciana

FL

85

Zip Code

34759

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

Linda R. Bridgman

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/96

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PT

BRIDGMAN, LINDA R

4 WINDSOR CLOSE

SLEAFORD LINGS NG 7NL UK

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

CM

BRIDGMAN, TERENCE C

4 WINDSOR CLOSE

SLEAFORD LINGS NG34 7NL UK

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S

RUDD, ANGELA

107 CLYDEBANK PLACE

KISSIMMEE FL

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

Angela Rudd - Angela Rudd 4/15/96 (407) 933-0060

CR2E034 (12/95)