

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Aug 19, 1999 8:00 am
Secretary of State

08-19-1999 90006 039 ***550.00

DOCUMENT # P94000033789

1. Corporation Name
INTERNATIONAL RESORT MARKETING, INC.

Principal Place of Business Mailing Address
1781 Park Center Drive same
Orlando, FL 32835

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
5/4/94

| | | | |
|--------------------------------|---------------------|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEL Number | Applied For |
| 21 | 26 | 59-3241612 | Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 22 | 27 | 6. Election Campaign Financing | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| City & State | City & State | Trust Fund Contribution | |
| 23 | 28 | 8. This corporation owes the current year Intangible Personal Property Tax. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Zip | Zip | | |
| 24 | 29 | | |
| Country | Country | | |
| 25 | 30 | | |

9. Name and Address of Current Registered Agent

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

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, on both, in the State of Florida. Such change was authorized by the corporate **BARBARA A. BURKE**. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes. **SPECIAL ASSISTANT SECRETARY** 8/11/99

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|---|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 1.2 NAME | L. Steven Miller |
| STREET ADDRESS | | 1.3 STREET ADDRESS | 1781 Park Center Drive |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | Orlando, FL 32835 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | Secretary/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | Thomas A. Bell |
| STREET ADDRESS | | 2.3 STREET ADDRESS | 1781 Park Center Drive |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | Orlando, FL 32835 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | Treasurer/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | Richard Goodman |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 1781 Park Center Drive |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | Orlando, FL 32835 |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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: Thomas A. Bell secretary 8/9/99 (407) 532-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)