FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

DOCUMENT # P94000089899 (6)

1. Corporation Name

TIMESHARE LIQUIDATORS, INC.

Principal Place of Business	Mailing Address
5333 GREENSIDE COURT ORLANDO FL 32819	5333 GREENSIDE COURT ORLANDO FL 32819

3. Date Incorporated or Qualified: 12/12/1994 — 3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address
21 5728 MAJOR BLVD	26
22 Suite, Apt #, etc.: SUITE 200	27
23 City & State: ORLANDO, FLORIDA	28
24 Zip: 32819 — 25 Country: USA	29 — 30

4. FEI Number: 59-3284621 — 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. [X] Yes [ ] No

9. Name and Address of Current Registered Agent

TOSI, RONALD E
5333 GREENSIDE COURT
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name: TOSI, RONALD E.
82 Street Address (P.O. Box Number is Not Acceptable): 5728 MAJOR BLVD, SUITE 200
83
84 City: ORLANDO FL 85 Zip Code: 32819

11. Pursuant to the provisions of sections 607.1508 or 617.1508, 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 s. 607.0505, Florida Statutes.

SIGNATURE [signature] 5-1-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PSTD	TITLE	PRESIDENT [X] Change [ ] Addition
NAME	TOSI, RONALD E	NAME	RONALD E. TOSI
STREET ADDR	5333 GREENSIDE COURT	STREET ADDRESS	5728 MAJOR BLVD, SUITE 200
CITY-ST-ZIP	ORLANDO FL 32819	CITY-ST-ZIP	ORLANDO, FL 32819
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDR		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDR		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDR		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDR		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDR		STREET ADDRESS	
CITY-ST-ZIP		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)(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 [signature] 5-1-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0061386 CP