

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

FILED
Mar 27 1996 8:00 am
Secretary of State

DOCUMENT # P95000003678 (6)

1. Corporation Name
VACATION MANAGEMENT SERVICES, INC.



Principal Place of Business: **8800 VISTANA CENTRE DR. ORLANDO FL 32821-6353**
Mailing Address: **P.O. BOX 22197 LAKE BUENA VISTA FL 32830-2197**

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	8801 Vistana Centre Dr.	27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24		29	
25		30	

3. Date Incorporated or Qualified	3a. Date of Last Report
01/13/1995	
4. FEI Number	Applied For
59-3304480	Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
AVRIL, MATTHEW E 8800 VISTANA CENTRE DR. ORLANDO FL 32821-6353		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	8801 Vistana Centre Drive
		83	
		84 City	FL
		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 _____ (Note: Registered Agent Signature responsible where it is one) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D- GELLEIN, RAYMOND L JR. <input type="checkbox"/> DELETE	1.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8800-VISTANA CENTRE DR.	1.2 NAME	
STREET ADDRESS	ORLANDO FL 32821-6353	1.3 STREET ADDRESS	8801 Vistana Centre Drive
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D- ADLER, JEFFREY A <input type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8800-VISTANA CENTRE DR.	2.2 NAME	
STREET ADDRESS	ORLANDO FL 32821-6353	2.3 STREET ADDRESS	8801 Vistana Centre Drive
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D ZIMAND, ARTHUR <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8800 VISTANA CENTRE DR.	3.2 NAME	
STREET ADDRESS	ORLANDO FL 32821-6353	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SVPST AVRIL, MATTHEW E. <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	8801 Vistana Centre Drive	4.2 NAME	
STREET ADDRESS	Orlando, FL 32821-6353	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 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: *Matthew E. Avril* **03/18/96** **407/239-3000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)