

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

FILED  
Apr 17 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000003678 (6)  
1. Corporation Name  
VISTANA ACCEPTANCE CORP.

Principal Place of Business  
8801 VISTANA CENTRE DR.  
ORLANDO FL 32821  
US

Mailing Address  
P.O. BOX 22197  
LAKE BUENA VISTA FL 32830-2197



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/13/1995	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3304480	
24 Country		29 Country		5. Certificate of Status Desired	
				X	
				8.75 Additional Fee Required	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30.	
				X Yes [ ] No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				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 required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	[ ] DELETE		1.1 TITLE	VC/CFO	[ ] Change [X] Addition	
NAME	GELLEN, RAYMOND L JR.			1.2 NAME	Harris, Charles E.		
STREET ADDRESS	8801 VISTANA CENTRE DR			1.3 STREET ADDRESS	8801 Vistana Centre Drive		
CITY-ST-ZIP	ORLANDO FL			1.4 CITY-ST-ZIP	Orlando, FL 32821-6353		
TITLE	PD	[ ] DELETE		2.1 TITLE	VP/CAO	[ ] Change [X] Addition	
NAME	ADLER, JEFFREY A			2.2 NAME	Patten, Mark E.		
STREET ADDRESS	8801 VISTANA CENTRE DR			2.3 STREET ADDRESS	8801 Vistana Centre Dr.		
CITY-ST-ZIP	ORLANDO FL			2.4 CITY-ST-ZIP	Orlando, FL 32821-6353		
TITLE	VPCA	[ ] DELETE		3.1 TITLE		[ ] Change [ ] Addition	
NAME	AVRIL, MATTHEW E			3.2 NAME			
STREET ADDRESS	8801 VISTANA CENTRE DR.			3.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32821-6353			3.4 CITY-ST-ZIP			
TITLE	SVPS	[ ] DELETE		4.1 TITLE		[ ] Change [ ] Addition	
NAME	WERTH, SUSAN B			4.2 NAME			
STREET ADDRESS	8801 VISTANA CENTRE DR.			4.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32821-6353			4.4 CITY-ST-ZIP			
TITLE	SCAT	[ ] DELETE		5.1 TITLE	SVP/T/AS	[X] Change [ ] Addition	
NAME	SABIN, JOHN M			5.2 NAME	Sabin, John M.		
STREET ADDRESS	8801 VISTANA CENTRE DR.			5.3 STREET ADDRESS	8801 Vistana Centre Dr.		
CITY-ST-ZIP	ORLANDO FL 32821-6353			5.4 CITY-ST-ZIP	Orlando, FL 3282106353		
TITLE		[ ] DELETE		6.1 TITLE		[ ] Change [ ] 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.

SIGNATURE: *[Signature]* 4/8/98 (407) 239-3000

CR2E034 (10/97)