

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

112

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # P96000053021**  
 1. Corporation Name  
**VCH ADMINISTRATION, INC.**

Principal Place of Business	Mailing Address
<b>8801 VISTANA CENTRE DRIVE ORLANDO, FLORIDA 32821 U.S.A.</b>	<b>P.O. BOX 22197 LAKE BUENA VISTA, FLORIDA 32821-2197</b>

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	6/21/96	
22	27	4. FEI Number	Applied For / Not Applicable
23	28	59-3384897	
24	29	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	30	<input checked="" type="checkbox"/>	
		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		<input type="checkbox"/>	
		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
<b>GELLEIN, RAYMOND L., JR. 8801 VISTANA CENTRE DRIVE ORLANDO, FLORIDA 32821</b>	81 Name <b>C T CORPORATION SYSTEM</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1200 SOUTH PINE ISLAND ROAD</b> 83 84 City <b>PLANTATION</b>
	85 Zip Code <b>FL 33324</b>

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, Sections 190.0395, Florida Statutes.

SIGNATURE: *Conie Bray* **SPECIAL ASSISTANT SECRETARY** DATE: **4/28/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>C/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GELLEIN, RAYMOND L., JR.</b>	1.2 NAME	<b>GELLEIN, RAYMOND L., JR.</b>
STREET ADDRESS	<b>8801 VISTANA CENTRE DRIVE</b>	1.3 STREET ADDRESS	<b>8801 VISTANA CENTRE DRIVE</b>
CITY-STATE-ZIP	<b>ORLANDO, FLORIDA 32821</b>	1.4 CITY-STATE-ZIP	<b>ORLANDO, FLORIDA 32821</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ADLER, JEFFREY A.</b>	2.2 NAME	<b>ADLER, JEFFREY A.</b>
STREET ADDRESS	<b>8801 VISTANA CENTRE DRIVE</b>	2.3 STREET ADDRESS	<b>8801 VISTANA CENTRE DRIVE</b>
CITY-STATE-ZIP	<b>ORLANDO, FLORIDA 32821</b>	2.4 CITY-STATE-ZIP	<b>ORLANDO, FLORIDA 32821</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<b>EVP/COO/AS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>AVRIL, MATTHEW E.</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>8801 VISTANA CENTRE DRIVE</b>
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	<b>ORLANDO, FLORIDA 32821</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>SVP/S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>WERTH, SUSAN B.</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>8801 VISTANA CENTRE DRIVE</b>
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	<b>ORLANDO, FLORIDA 32821</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<b>SVP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>LYTLE, CAROL</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>8801 VISTANA CENTRE DRIVE</b>
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	<b>ORLANDO, FLORIDA 32821</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>SVP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>McKNIGHT, JAMES A.</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>8801 VISTANA CENTRE DRIVE</b>
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	<b>ORLANDO, FLORIDA 32821</b>

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. This is 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: *Jeffrey A. Adler* **Jeffrey A. Adler** DATE: **4/24/97** (407) 239-8000

CR2E034 (9/96)

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (Continued)

7.1 TITLE	SVP/CFO/AS/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
7.2 NAME	SABIN, JOHN M.	
7.3 STREET ADDRESS	8801 VISTANA CENTRE DRIVE	
7.4 CITY-ST-ZIP	ORLANDO, FLORIDA 32821	