

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED

98 APR 13 AM 10:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000053097 (7)

1. Corporation Name

VCH SALES, INC.

Principal Place of Business

Mailing Address

8801 VISTANA CENTRE DRIVE  
ORLANDO FL 32821-6353

POST OFFICE BOX 22197  
LAKE BUENA VISTA FL 32830-2197

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
PLANTATION FL 33324

3. Date Incorporated or Qualified

06/21/1996

4. FEI Number

59-3384913

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD  
NAME GELLEN, RAYMOND L JR  
STREET ADDRESS 8801 VISTANA CENTRE DRIVE  
CITY-ST-ZIP ORLANDO FL 32821-6353

TITLE PD  
NAME ADLER, JEFFREY A  
STREET ADDRESS 8801 VISTANA CENTRE DRIVE  
CITY-ST-ZIP ORLANDO FL 32821-6353

TITLE EVCA  
NAME AVRIL, MATTHEW E  
STREET ADDRESS 8801 VISTANA CENTRE DRIVE  
CITY-ST-ZIP ORLANDO FL 32821-6353

TITLE SVPS  
NAME WERTH, SUSAN B  
STREET ADDRESS 8801 VISTANA CENTRE DRIVE  
CITY-ST-ZIP ORLANDO FL 32821-6353

TITLE SVP  
NAME MCKNIGHT, JAMES A  
STREET ADDRESS 8801 VISTANA CENTRE DRIVE  
CITY-ST-ZIP ORLANDO FL 32821-6353

TITLE SVP  
NAME LYTLE, CAROL  
STREET ADDRESS 8801 VISTANA CENTRE DRIVE  
CITY-ST-ZIP ORLANDO FL 32821-6353

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SVP/T/AS  
1.2 NAME Sabin, John M.  
1.3 STREET ADDRESS 8801 Vistana Centre Drive  
1.4 CITY-ST-ZIP Orlando, FL 32821-6353

2.1 TITLE VP/CAO  
2.2 NAME Patten, Mark E.  
2.3 STREET ADDRESS 8801 Vistana Centre Drive  
2.4 CITY-ST-ZIP Orlando, FL 32821-6353

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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

4/16/98 (407) 239-3000

CR2E034 (10/97)