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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9600053097

1. Corporation Name VCH SALES, INC.

Principal Place of Business

8801 VISTANA CENTRE DRIVE ORLANDO FL 32821-6353

Mailing Address

POST OFFICE BOX 22197 LAKE BUENA VISTA FL 32830-2197

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90076 050 ***158.75



	202. 0000				DO NOT WRITE IN THIS SPACE				
					3.	Date Incorporated or Qualifed	†	-	i
						06/21/1996			
2. Principal Pl	ace of Business	2a. Mailing Address			4.	FEI Number		Ap	plied For
21		26				59-3384913		No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						Cartifacta of Status Desired	1777	\$8.75	Additional
22		27	27			Certificate of Status Desired	XX	Fee Re	equired
City & State			6.	Election Campaign Financing		\$5.00	May Be		
23		28	<u>.</u>			Trust Fund Contribution	Ц	Added	to Fees
Zip	Country	Zip	Count	ту	8.	This corporation owes the cur	rent year int	angible	i
24	25	29 30	5			Personal Property Tax.		XIXI Yes	□No
	9. Name and Address of Current	Registered Agent			10.	Name and Address of New	Registered	Agent	
			81 Name						
CT C	Corporation Service Company 82 Street Address (P.O. Box Number is Not Acceptable)								
1200	South Pine Island RD		ľ	2 300017	Audiess (i	.O. DOX NUMBE, 13 NOT ACCEPT	abio,		
PLAN	NTATION FL 33324		8			_		_	
			· _		<u> 1201 н</u>	ays Street		7:	
			8	T	Tallah		FL	, 323	Code 301
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abo	ve-named o	corporation	submits this statement for the	purpose of	changing its	registered
office or re	egistered agent, or both, in the State on familiar with, and accept the obligation	r Florida. Such change was autr ons of, Section 607.0505, Florida	a Statute	y the corpo es.	oration's bo	ate of ellectors. I ricleby acce	pt tile appoi	itanioni as re	gistored
SIGNATURE	Statement of Cha	nge on file with	Flor	ida Se	ecreta	ry of State		_	
	Signature, typed or printed name of registered agent OFFICERS AND		gistered Ag	istered Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIR				ID DIPECTO	NDS IN 12
12.		DIRECTORS	1.1 TITLE			ADDITIONS/CHANGES TO OF	FICERS AN	☐ Change	Addition
TITLE	CD	M DETELE							
NAME	GELLEIN, RAYMOND L JR		1.2 NAME	i					ļ
STREET ADDRESS	8801 VISTANA CENTRE DRIVE			ET ADDRESS	Ì				
CITY-ST-ZIP	ORLANDO FL 32821-6353		1.4 CITY-	-		At the state of th		Change	Addition .
TITLE	PD	☐ DELETE	2.1 TITLE					☐ Change	. 🗆 🗸 🗸
NAME	ADLER, JEFFREY A		2.2 NAME						į
STREET ADDRESS	8801 VISTANA CENTRE DRIVE		2.3 STRE	ET ADDRESS	İ				
CITY-ST-ZIP	ORLANDO FL 32821-6353		2. 4 CITY						5 • • • • • •
TITLE	EVCA	X DELETE	3.1 TITLE			O/T/AS		☐ Change	Addition
NAME	avril, matthew e		3.2 NAME	:		s, Charles E.			
STREET ADDRESS	8801 VISTANA CENTRE DRIVE		3.3 STRE	ET ADDRESS	8801	Vistana Centre l	Drive		
CITY-ST-ZIP	ORLANDO FL 32821-6353		3.4. CITY	-ST-ZIP	Orlan	do, FL 32821-6	<u>353</u>		
TITLE	SVPS	☐ DELETE	4.1 TITLE	-				☐ Change	Addition
NAME	Werth, Susan B		4. 2 NAM	e					
STREET ADDRESS	8801 VISTANA CENTRE DRIVE		4.3 STRE	ET ADDRESS	1				
CITY-ST-ZIP	ORLANDO FL 32821-6353		4.4 CITY-	ST-ZIP					
TITLE	SVP	☐ DELETE	5.1 TITLE					Change	☐ Addition
NAME	MCKNIGHT, JAMES A		5.2 NAME	:					
STREET ADDRESS	8801 VISTANA CENTRE DRIVE		5.3 STRE	ET ADDRESS	}				
CITY-ST-ZIP	ORLANDO FL 32821-6353		5.4 CITY	·ST-ZIP					•
TITLE	SVTA	∑ DELETE	6.1 TITLE		_			☐ Change	☐ Addition
NAME	SABIN, JOHN M		6.2 NAME	: [
STREET ADDRESS	8801 VISTANA CENTRE DRIVE		6.3 STRE	ET ADDRESS					,
	ORLANDO FL 32821-6353		6.4 CITY						
CITY-ST-ZIP	01111111111111111111111111111111111111								

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, with all other like empowered.

Sr. VP/Law &

SIGNATURE:

SIGNATURE:

SIGNATURE:

(407) 239-3000

