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

CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

City & State

Orlando, FL

P96000079696 (6)

INTERNATIONAL TIMESHARES, INC.

Principal Place of Business	Mailing Address				
12016 TURTLE GAY CIR GREANDO FE 82896	12016 TURTLE CAY CIR ORLANDO FL 32836	DO NOT WRITE IN THI	DO NOT WRITE IN THIS SPACE		
		3. Date Incorporated or Qualified			
		09/25/1996			
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For		
21 1781 Park Center Dr.	26 1781 Park Center Dr.	59-3401530	Not Applica		
Suite, Apt. #, etc.	Suite, Apl. #, etc.	5. Certificate of Status Desired	\$8.75 Additional		

City & State

Orlando, FL

^{Zip} **32**835 32835 Country USA 29 9. Name and Address of Current Registered Agent DIROCCO, ANNA M 12018-TURTLE-CAY-CIR ORLANDO FL 32836

SA SA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
T	10. Name and Address of New Registered Agent
81	Name
82	Street Address (P.O. Box Number is Not Acceptable) 1781 Park Center Dr.
83	
84	Orlando FL 85 Zio Code 32835

6. Election Campaign Financing

Trust Fund Contribution

FILED

Feb 09 1998 8:00am

Secretary of State

Applied For Not Applicable \$8.75 Additional Fee Required

\$5.00 May Be

Added to Fees

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation sulmits 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	Anna M. DiRocco	(MUME	a la loca	1/14/9				
Signature: typed or printed name of registured agont and title if applicable (NOTE: Registered Agent signature required when reinstating): DATE									
12.	OFFICERS AND DIRECTORS	T octors	5 6.	ADDITIONS/CHANGES TO OFFICER		201200000000000000000000000000000000000			
THTLE	U	☐ DELETE	1.1 TITLE		Change	☐ Addition			
NAME	FREY, CHARLES C		1.2 NAME						
STREET ADORESS	12010_TURTLE OAY OIR		1.3 STREET ADDRESS	1781 Park Center Dr.					
CITY-ST-ZIP	ORLANDO-FL 02000		1.4 CITY-ST-ZIP	Orlando, FL 32835					
TITLE	D	DELETE	2.1 TITLE		Change	Addition			
NAME	DELORENZO, DENNIS		2.2 NAME						
STREET ADDRESS	-8300 LAKE BRYAN BEACH BLVD		2.3 STREET ADDRESS	8651 Treasure Cay Lane					
CITY-ST-ZIP	ORLANDO FL 32838		2. 4 CITY-ST-ZIP	Orlando, FL 32836					
TITLE	•	DELETE	3.1 TITLE	Director	Change	→ Addition			
NAME	BRITZIUS, RICHARD		3.2 NAME	Giannoni, Ganevieve					
STREET ADDRESS	8309 LAKE BRYAN BEACH BLVD		3.3 STREET ADDRESS	1781 Park Center Dr.					
CITY-ST-ZIP	ORLANDO FL 32821		3.4. CITY - ST - ZIP	Orlando, FL 32835					
TITLE		DELETE	4.1 TITLE		Change	Addition			
NAME			4. 2 NAME			ĺ			
STREET ADDRESS			4 3 STREET ADDRESS						
CITY-ST-ZIP			4.4 CITY - ST - ZIP						
TITLE		☐ DELETE	5.1 TITLE		☐ Change	Addition			
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET ADDRESS						
CITY-ST-ZIP			5.4 CITY - ST - ZIP						
TITLE		DELETE	6.1 TITLE	,	☐ Change	Addition			
NAME			6.2 NAME						
STREET ADDRESS			6 3 STREET ADDRESS						

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 supplied with this filing does not not 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.

CITY-ST-ZIP

Julor (UM) COM-12AM