

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

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90109 045 ***150.00

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DOCUMENT # P96000079696

1. Corporation Name

INTERNATIONAL TIMESHARES, INC.

Principal Place of Business

~~1781 PARK CENTER DR.~~
~~ORLANDO FL 32835~~
~~US~~

Mailing Address

1781 PARK CENTER DR
ORLANDO FL 32835
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/25/1996

4. FEI Number

59-3401530

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 6880 Lake Ellenor Dr.
Suite, Apt. #, etc.

22

City & State

23 Orlando FL

Zip

24 32819

Country

25 Orange

2a. Mailing Address

26 Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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 D ☒ DELETE

NAME ~~FREY, CHARLES C.~~
STREET ADDRESS ~~1781 PARK CENTER DR.~~
CITY-ST-ZIP ~~ORLANDO FL 32835~~

TITLE D ☒ DELETE

NAME ~~DELORENZO, DENNIS~~
STREET ADDRESS ~~8651 TREASURE CAY LANE~~
CITY-ST-ZIP ~~ORLANDO FL 32835~~

TITLE D ☒ DELETE

NAME ~~GIANNONI, GENEVIEVE~~
STREET ADDRESS ~~1781 PARK CENTER DR.~~
CITY-ST-ZIP ~~ORLANDO FL 32835~~

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition

1.2 NAME L. Steven Miller
1.3 STREET ADDRESS 1781 Park Center Drive
1.4 CITY-ST-ZIP Orlando, FL 32835

2.1 TITLE DT ☒ Change ☐ Addition

2.2 NAME Richard Goodman
2.3 STREET ADDRESS 1781 Park Center Drive
2.4 CITY-ST-ZIP Orlando, FL 32835

3.1 TITLE DS ☒ Change ☐ Addition

3.2 NAME Thomas A. Bell
3.3 STREET ADDRESS 1781 Park Center Dr.
3.4 CITY-ST-ZIP Orlando, FL 32835

4.1 TITLE AVP ☐ Change ☒ Addition

4.2 NAME Patrick Murray
4.3 STREET ADDRESS 6880 Lake Ellenor Drive
4.4 CITY-ST-ZIP Orlando, FL 32819

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

Thomas A. Bell

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/99

Date

532-1000

Daytime Phone #

CR2E034 (11/98)