## 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

## DOCUMENT # P97000068029 (2)

TIMESHARE CENTRAL, INC.

**FILED** Apr 21 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				T SOUTH OF LAND IN CONTAINED TO THE CONTAINED THE CONTRACT OF		
2957 VINELAND ROAD KISSIMMEE FL 34746 KISSIMMEE FL 34746 KISSIMMEE FL 34746					DO NOT WRITE IN THIS SPACE	
l					3. Date Incorporated or Qualified	
2 Principal P	lace of Business	2a. Mailing Address			<b>08/06/1997 4.</b> FEI Number Applied For	
21		26			59-346/51/ Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		·	S8.75 Additional	
22		27			Certificate of Status Desired     Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	
23	Y Constant	<b>28</b> Zip	7		Trust Fund Contribution Added to Fees	
Zip Country		Zip Country 30		ntry	This corporation owes or has paid the current/gear Intangible     Personal Property Tax due June 30.  Yes  No	
24 25 25 9. Name and Address of Current F			1301		10. Name and Address of New Registered Agent	
FR	ANTZ, JEFFREY W		81 Name			
11900 BISCAYNE BLVD. STE. 408 NORTH MIAMI FL 33181			ŀ	B2 Street Add	dress (P.O. Box Number is Not Acceptable)	
		•	Ĺ		a doc (1.5. sox (da))sor to (to) (doc)	
•			- 1	93		
			ļ.	B4 City	85 Zip Code	
dd Din -	db	0 007 1500 Finish Chat.	400 450 05		FL V	
office or re	egistered agent, or both, in the State	of Florida. Such change was	authorized	by the corpora	rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered	
_	m familiar with, and accept the oblig	ations of, Section 607.0505, Fi	orida Statu	1105.		
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable (NO	TE: Registered	Agent signature req	uired when reinstating) DATE	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
THILE	D	☐ DELETE	1.1 TITL	.E	Change	
NAME	KLIMEK, MICHAEL		1.2 NAM			
STREET ADDRESS	2957 VINELAND ROAD			EET ADDRESS		
CITY-ST-ZIP TITLE	KISSIMMEE FL 34746 DVT	DELETE	1.4 CiT	Y-ST-ZIP	☐ Change ☐ Addition	
NAME	KAYE, BRUCE	occi.	2.2 NAA			
STREET ADDRESS	2957 VINELAND ROAD		2.3 STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE FL 34746			Y-ST-ZIP		
TITLE	P	DELETE	3.1 TITL		Change Addition	
NAME	ALTER, HOWARD		3.2 NAA	AE		
STREET ADDRESS	2957 VINELAND ROAD		3.3 STR	EET ADDRESS		
CITY - ST - ZIP	KISSIMMEE FL 34746	T Drift	_	Y-ST-ZIP	Change Addition	
TITLE	S .	DELETE	4 1 TITL	-	Change Addition	
NAME STREET ADDRESS	KAYE, DEBORAH 2957 VINELAND ROAD		4. 2 NA	ME EET ADDRESS		
CITY+ST-ZIP	KISSIMMEE FL 34748		- 1	Y-ST-ZIP		
TITLE	\$	DELETE	5.1 7170		Change Addition	
NAME	BAIMAN, GAIL		5.2 NAM	AE		
STREET ADDRESS	2957 VINELAND ROAD		5.3 STR	EET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34746			Y-ST-ZIP		
TITLE	DELETE		6.1 TITL		Change Addition	
NAME			6.2 NAN			
STREET ADDRESS				EET ADORESS		
CITY-ST-ZIP	ertify that the information supplied w	ith this filing does not qualify f		r-ST-ZIP protion stated in	n Section 119.07(3)(i). Florida Statutes. I further certify that the information	

indicated on this annual report or supplied with rins thing does not quality for the exemption stated in Section 19.07(5)(f), Florida Statutes. Intimel certify that the 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.