

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
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90077 013 ***158.75

DOCUMENT # P97000092037

1. Corporation Name
VACATIONWORKS, INC.

Principal Place of Business
8801 VISTANA CENTRE DRIVE
ORLANDO FL 32821

Mailing Address
PO BOX 22197
LAKE BUENA VISTA FL 32830-2197



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/24/1997

4. FEI Number

59-3475157

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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name
Corporation Service

82 Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

84 City
Tallahassee

85 Zip Code
FL 32301

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 Statement of Change filed with Florida Secretary of State

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 CEO ☐ DELETE
NAME GELLEIN, RAYMOND L JR.
STREET ADDRESS 8801 VISTANA CENTRE DRIVE
CITY-ST-ZIP ORLANDO FL 32821

TITLE VCEO ☐ DELETE
NAME ADLER, JEFFREY A
STREET ADDRESS 8801 VISTANA CENTRE DRIVE
CITY-ST-ZIP ORLANDO FL 32821

TITLE P ☐ DELETE
NAME LYTLE, CAROL
STREET ADDRESS 8801 VISTANA CENTRE DRIVE
CITY-ST-ZIP ORLANDO FL 32821

TITLE V ☒ DELETE
NAME AVRIL, MATTHEW E
STREET ADDRESS 8801 VISTANA CENTRE DRIVE
CITY-ST-ZIP ORLANDO FL 32821

TITLE SV ☐ DELETE
NAME HARRIS, CHARLES E
STREET ADDRESS 8801 VISTANA CENTRE DRIVE
CITY-ST-ZIP ORLANDO FL 32821

TITLE VTS ☒ DELETE
NAME SAVIN, JOHN M
STREET ADDRESS 8801 VISTANA CENTRE DRIVE
CITY-ST-ZIP ORLANDO FL 32821

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

4.1 TITLE SVP/S ☐ Change ☒ Addition
4.2 NAME Werth, Susan
4.3 STREET ADDRESS 8801 Vistana Centre Drive
4.4 CITY-ST-ZIP Orlando, FL 32821

5.1 TITLE SVP/CFO/T/A ☐ 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.

SIGNATURE: Susan Werth, Sr. VP/Law, Secretary 4/28/99 (407) 239-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)