

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S13764 (3)

1. Corporation Name
DISNEY VACATION DEVELOPMENT, INC.

Principal Place of Business
200 CELEBRATION PLACE
CELEBRATION FL 34747-4600
US

Mailing Address
500 SOUTH BUEN VISTA STREET
BURBANK CA 91521-0586
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/20/1990

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-3039587	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30

9. Name and Address of Current Registered Agent

IOPOLO, FRANK S
1375 BUENA VISTA DR
4TH FL N
LAKE BUENA VISTA FL 32830

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD WONG, KENNETH P 1401 FLOWER ST. GLENDALE CA 91203	1.1 TITLE	President and Director
NAME		1.2 NAME	Weiss, Allen R.
STREET ADDRESS		1.3 STREET ADDRESS	200 Celebration Place
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Celebration, FL 34747
TITLE	ASD REED, MARSHA L 500 S. BUENA VISTA ST. BURBANK CA 91521	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VS KATHEDER, THOMAS 1375 BUENA VISTA DR. LAKE BUENA VISTA FL 32830	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D LITVACK, SANFORD M 500 S BUENA VISTA ST BURBANK CA 91521	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	AT BUETTNER, ANNE L 500 S. BUENA VISTA ST. BURBANK CA 91521	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	AT HANFORD, JAMES D 500 S. BUENA VISTA ST. BURBANK CA 91521	6.1 TITLE	Treasurer
NAME		6.2 NAME	Gibbs II, Matthew T.
STREET ADDRESS		6.3 STREET ADDRESS	200 Celebration Place
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Celebration, FL 34747

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

CR2E034 (10/97)