

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

FILED

**Mar 05 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S82719 (3)**
1. Corporation Name
INTERVAL MANAGEMENT OF CENTRAL FLORIDA, INC.

Principal Place of Business: **10325 CYPRESS ISLES CT ORLANDO FL 32836**
Mailing Address: **10325 CYPRESS ISLES CT ORLANDO FL 32836**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **21 13360 W. Colonial Dr Suite, Apt. #, etc. #440 Winter Garden, FL 34787**
2a. Mailing Address: **26 P.O. Box 691376 Suite, Apt. #, etc. Orlando, FL 32869**

3. Date Incorporated or Qualified: **09/24/1991**
4. FEI Number: **59-3086214**
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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: **A.G.C. CO. 2300 SUN BANK CENTER ORLANDO FL 32801**

10. Name and Address of New Registered Agent: **81 Name: Ronald E Durbin
82 Street Address (P.O. Box Number is Not Acceptable): 9169 N. Bay Blvd
84 City: Orlando FL 85 Zip Code: 32819**

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: **Ronald E Durbin** (NOTE: Registered Agent signature required when remaining) DATE: **2/19/98**

12. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	FISHER III, CARROLL L	
STREET ADDRESS	8105 ORANGE HILL CT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PST	<input checked="" type="checkbox"/> DELETE
NAME	KOHAGEN, JULIE L	
STREET ADDRESS	10325 CYPRESS ISLES CT	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P.V. ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Durbin, Ronald E	
1.3 STREET ADDRESS	9169 N. Bay Blvd	
1.4 CITY-ST-ZIP	Orlando, FL 32819	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: **Ronald E Durbin** DATE: **2/19/98**

CR2E034 (10/97)