

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

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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		2a. Mailing Address		3. Date Incorporated or Qualified	
21 13360 W. Colonial Dr.		26 P.O. Box 691376		09/24/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Suite # 440		27		59-3086214	
City & State		City & State		5. Certificate of Status Desired	
23 Winter Garden, FL		28 Orlando, FL		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24 34787		29 32869		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
25		30		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
A.G.C. CO. 2300 SUN BANK CENTER ORLANDO FL 32801				81 Name Ronald E Durbin			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				9169 N. Bay Blvd			
				83			
				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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when retaining)

DATE 2/19/98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	V	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P.V. ST	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FISHER III, CARROLL L			1.2 NAME	Durbin, Ronald E		
STREET ADDRESS	8105 ORANGE HILL CT			1.3 STREET ADDRESS	9169 N. Bay Blvd		
CITY-ST-ZIP	ORLANDO FL			1.4 CITY-ST-ZIP	Orlando, FL 32819		
TITLE	PST	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KOHAGEN, JULIE L			2.2 NAME			
STREET ADDRESS	10325 CYPRESS ISLES CT			2.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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

2/19/98

407-654-7700

CR2E034 (10/97)