

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

FILED
Apr 17 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 # S87638 (0)

1. Corporation Name
VCH COMMUNICATIONS, INC.



Principal Place of Business 8801 VISTANA CENTRE DR. ORLANDO FL 32821 US	Mailing Address P.O. BOX 22197 LAKE BUENA VISTA FL 32821-2197 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/15/1991	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-3087363		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip	28 Country	29 Zip		30 Country	
24	25	29	30	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	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
FL		85 Zip Code	

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	1.1 TITLE	SVP
NAME	GELLEN, RAYMOND L., JR.	1.2 NAME	Harris, Charles E.
STREET ADDRESS	8801 VISTANA CENTRE DRIVE	1.3 STREET ADDRESS	8801 Vistana Centre Drive
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando, FL 32821-6353
TITLE	VD	2.1 TITLE	VP/CAO
NAME	ADLER, JEFFREY A.	2.2 NAME	Patten, Mark E.
STREET ADDRESS	8801 VISTANA CENTRE DRIVE	2.3 STREET ADDRESS	8801 Vistana Centre Drive
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando, FL 32821-6353
TITLE	EVCA	3.1 TITLE	
NAME	AVRIL, MATTHEW E.	3.2 NAME	
STREET ADDRESS	8801 VISTANA CENTRE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32821	3.4 CITY-ST-ZIP	
TITLE	SVP	4.1 TITLE	SVP/S
NAME	WERTH, SUSAN B	4.2 NAME	Werth, Susan
STREET ADDRESS	8801 VISTANA CENTRE DRIVE	4.3 STREET ADDRESS	8801 Vistana Centre Drive
CITY-ST-ZIP	ORLANDO FL 32821	4.4 CITY-ST-ZIP	Orlando, FL 32821-6353
TITLE	V	5.1 TITLE	
NAME	MCKNIGHT, JAMES A	5.2 NAME	
STREET ADDRESS	8801 VISTANA CENTRE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32821	5.4 CITY-ST-ZIP	
TITLE	SCAT	6.1 TITLE	SVP/T/AS
NAME	SABIN, JOHN M	6.2 NAME	Sabin, John M.
STREET ADDRESS	8801 VISTANA CENTRE DR.	6.3 STREET ADDRESS	8801 Vistana Centre Drive
CITY-ST-ZIP	ORLANDO FL 32821	6.4 CITY-ST-ZIP	Orlando, FL 32821-6353

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:  4/8/98 (407) 239-3000

CR2E034 (10/97)