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FILED
Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000004541 (7)**

1. Corporation Name

DCL PORT FACILITIES CORPORATION

Principal Place of Business

**210 CELEBRATION PLACE, SUITE 400
CELEBRATION FL 34747**

Mailing Address

**500 SOUTH BUENA VISTA ST
BURBANK CA 91521-0001
US**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **500 S. Buena Vista St.**

22 City & State

27 Suite, Apt. #, etc.

23 Zip

Country

28 **Burbank, CA**

Zip

Country

24

25

29 **91521-0586**

30

USA

8. Name and Address of Current Registered Agent

**IOPPOLO, FRANK S
1375 BUENA VISTA DR., 4TH FLOOR NORTH
LAKE BUENA VISTA FL 32830**

3. Date Incorporated or Qualified

09/19/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

95-4531091

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

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 ☐ DELETE

NAME **D**
STREET ADDRESS **LITVACK, SANFORD M**
CITY - ST - ZIP **500 SOUTH BUENA VISTA ST.
BURBANK CA 91521**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **MURPHY, LAWRENCE P.**
CITY - ST - ZIP **500 SOUTH BUENA VISTA ST.
BURBANK CA**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

91521

TITLE ☐ DELETE

NAME **S**
STREET ADDRESS **REED, MARSHA**
CITY - ST - ZIP **500 SOUTH BUENA VISTA ST.
BURBANK CA 91521**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME **PD**
STREET ADDRESS **RODNEY, ARTHUR A.**
CITY - ST - ZIP **210 CELEBRATION PLACE, SUITE 400
CELEBRATION FL**

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

34747

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **WEISS, ALLEN R**
CITY - ST - ZIP **1375 BUENA VISTA DR.
LAKE BUENA VISTA FL 32830**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME **T**
STREET ADDRESS **MCALPIN, THOMAS**
CITY - ST - ZIP **1375 BUENA VISTA DR.
LAKE BUENA VISTA FL 32830**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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: **Marsha L. Reed**  (818) 560-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

File #

CR2E034 (9/96)