

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

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**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**

**DOCUMENT # H85662 (5)**  
1. Corporation Name  
**LAKE BRYAN, INC.**



Principal Place of Business: **6649 WESTWOOD BLVD  
300  
ORLANDO FL 32821  
US**

Mailing Address: **500 SOUTH BUENA VISTA STREET  
BURBANK CA 91521-0001  
US**

3. Date Incorporated or Qualified: **11/15/1985**      3a. Date of Last Report: **05/01/1996**

4. FEI Number: **59-2672655**      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

2. Principal Place of Business: **21**

2a. Mailing Address: **26 500 S. Buena Vista St.**

22. Suite, Apt #, etc.      27. Suite, Apt #, etc.

23. City & State: **28 Burbank, CA**

24. Zip: **25 91521-0586**      29. Zip: **30 USA**

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**IOPPOLO, FRANK  
1375 BUENA VISTA DRIVE  
4TH FLOOR NORTH  
LAKE BUENA VISTA FL 32830**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: <b>PD</b> <input checked="" type="checkbox"/> DELETE	NAME: <b>RUMMELL, PETER S.</b>	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>500 S BUENA VISTA ST BURBANK CA</b>	CITY-ST-ZIP: _____	1.2 NAME
TITLE: <b>T</b> <input type="checkbox"/> DELETE	NAME: <b>QUIMET, MATTHEW A.</b>	1.3 STREET ADDRESS
STREET ADDRESS: <b>1375 BUENA VISTA DRIVE LAKE BUENA VISTA FL</b>	CITY-ST-ZIP: _____	1.4 CITY-ST-ZIP
TITLE: <b>S</b> <input type="checkbox"/> DELETE	NAME: <b>IOPPOLO, FRANK S.</b>	2.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: <b>1375 BUENA VISTS DRIVE LAKE BUENA VISTA FL</b>	CITY-ST-ZIP: _____	2.2 NAME
TITLE: <b>ASD</b> <input type="checkbox"/> DELETE	NAME: <b>REED, MARSHA L.</b>	2.3 STREET ADDRESS
STREET ADDRESS: <b>500 S. BUENA VISTA ST BURBANK CA</b>	CITY-ST-ZIP: _____	2.4 CITY-ST-ZIP: <b>32830</b>
TITLE: <b>D</b> <input type="checkbox"/> DELETE	NAME: <b>LITVACK, SANFORD M.</b>	3.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>500 S BUENA VISTA ST BURBANK CA</b>	CITY-ST-ZIP: _____	3.2 NAME
TITLE: <input type="checkbox"/> DELETE	NAME: _____	3.3 STREET ADDRESS: <b>1375 Buena Vista Dr.</b>
STREET ADDRESS: _____	CITY-ST-ZIP: _____	3.4 CITY-ST-ZIP: <b>32830</b>
TITLE: <input type="checkbox"/> DELETE	NAME: _____	4.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	4.2 NAME
TITLE: <input type="checkbox"/> DELETE	NAME: _____	4.3 STREET ADDRESS
STREET ADDRESS: _____	CITY-ST-ZIP: _____	4.4 CITY-ST-ZIP: <b>91521</b>
TITLE: <input type="checkbox"/> DELETE	NAME: _____	5.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	5.2 NAME
TITLE: <input type="checkbox"/> DELETE	NAME: _____	5.3 STREET ADDRESS
STREET ADDRESS: _____	CITY-ST-ZIP: _____	5.4 CITY-ST-ZIP: <b>91521</b>
TITLE: <input type="checkbox"/> DELETE	NAME: _____	6.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	6.2 NAME: <b>Kenneth P. Wong</b>
TITLE: <input type="checkbox"/> DELETE	NAME: _____	6.3 STREET ADDRESS: <b>1401 Flower Street</b>
STREET ADDRESS: _____	CITY-ST-ZIP: _____	6.4 CITY-ST-ZIP: <b>Glendale, CA 91221</b>

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: **3-25-97**      Daytime Phone #

CR2E034 (9/96)