

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

FILED

Apr 15 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 # S80770 (8)

1. Corporation Name  
CELEBRATION SECURITY SYSTEMS, INC.

Principal Place of Business  
1375 BUENA VISTA DR  
4 FLR N  
LAKE BUENA VISTA FL 32830  
US

Mailing Address  
500 SOUTH BUEN VISTA STREET  
BURBANK CA 91521-0001  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26 500 S. Buena Vista St.		09/17/1991		05/01/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 Burbank, CA		59-3125086		Not Applicable	
24 Zip		25 Country		5. Certificate of Status Desired		8.75 Additional Fee Required	
29 91521-0586		30 USA		<input type="checkbox"/>		<input type="checkbox"/>	
6. Election Campaign Financing		Trust Fund Contribution		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
IOPPOLO, FRANK S. 1375 BUENA VISTA DR. 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

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			
<input type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	S	PITT, LAWRENCE B		1.1 TITLE			
NAME		1375 BUENA VISTA DR		1.2 NAME			
STREET ADDRESS		LK BUENA VISTA FL		1.3 STREET ADDRESS			
CITY - ST - ZIP				1.4 CITY - ST - ZIP	Lake Buena Vista, FL 32830		
TITLE	D	LITVACK, SANFORD M.		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		500 S. BUENA VISTA ST.		2.2 NAME			
STREET ADDRESS		BURBANK CA		2.3 STREET ADDRESS			
CITY - ST - ZIP				2.4 CITY - ST - ZIP	91521		
TITLE	PD	RUMMELL, PETER S		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		500 S BUENA VISTA ST		3.2 NAME	Robert L. Shinn		
STREET ADDRESS		BURBANK CA		3.3 STREET ADDRESS	200 Celebration Place		
CITY - ST - ZIP				3.4 CITY - ST - ZIP	Celebration, FL 34747		
TITLE	ASD	REED, MARSHA L.		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		500 S BUENA VISTA ST		4.2 NAME			
STREET ADDRESS		BURBANK CA		4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP	91521		
TITLE	T	OUMET, MATTHEW A.		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		1375 BUEN VISTA DR.		5.2 NAME			
STREET ADDRESS		LAKE BUEN VISTA FL		5.3 STREET ADDRESS	1375 Buena Vista Dr.		
CITY - ST - ZIP				5.4 CITY - ST - ZIP	Lake Buena Vista, FL 32830		
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 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  4/13/97 (818) 560-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)