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

FILED
Apr 24 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 # **S80692** **(4)**

1. Corporation Name
CELEBRATION INSTITUTE, INC.

Principal Place of Business	Mailing Address
1375 BUENA VISTA DR. 4TH FLOOR. N. LAKE BUENA VISTA FL 32830 US	500 SOUTH BUENA VISTA STREET BURBANK CA 91521-0586 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/17/1991**

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

4. FEI Number: **59-3125100** ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

IOPPOLO, FRANK S.
1375 BUENA VISTA DR.
4TH FLOOR NORTH
LAKE BUENA VISTA FL 32380

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☐ DELETE	1.1 TITLE		☐ Change ☒ Addition
NAME	PITT, LAWRENCE B		1.2 NAME		
STREET ADDRESS	1375 BUENA VISTA DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE BUENA VISTA FL		1.4 CITY-ST-ZIP	32830	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☒ Addition
NAME	LITVACK, SANFORD M.		2.2 NAME		
STREET ADDRESS	500 S. BUENA VISTA ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	BURBANK CA		2.4 CITY-ST-ZIP	91521	
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☒ Addition
NAME	SHINN, ROBERT L		3.2 NAME		
STREET ADDRESS	200 CELEBRATION PLACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	CELEBRATION FL		3.4 CITY-ST-ZIP	34747	
TITLE	ASD	☐ DELETE	4.1 TITLE		☐ Change ☒ Addition
NAME	REED, MARSHA L.		4.2 NAME		
STREET ADDRESS	500 S BUENA VISTA STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	BURBANK CA		4.4 CITY-ST-ZIP	91521	
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☒ Addition
NAME	OUIMET, MATTHEW A		5.2 NAME		
STREET ADDRESS	1375 BUENA VISTA DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE BUENA VISTA FL		5.4 CITY-ST-ZIP	32830	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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: Marsha L. Reed 4-3-98 (813) 566-1000