

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **385008** (8)

1. Corporation Name
REEDY CREEK ENERGY SERVICES, INC.



Principal Place of Business: 1375 BUENA VISTA DR, 4 FLR N, LAKE BUENA VISTA FL 32830 US
Mailing Address: 500 SOUTH BUENA VISTA STREET, BURBANK CA 91521-0340 US

3. Date incorporated or Qualified: 06/30/1971
3a. Date of Last Report: 04/27/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
		26	500 SOUTH BUENA VISTA STREET		95-2701363	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
		27			<input type="checkbox"/>	
23	City & State	28	BURBANK, CA	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		28			<input type="checkbox"/>	
24	Zip	29	91521-0586	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Country	30	USA			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRANK S. IOPOLO
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
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 resigning) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, JUDSON C.	12 NAME	
STREET ADDRESS	500 S BUENA VISTA ST	13 STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA	14 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITVACK, SANFORD M.	22 NAME	
STREET ADDRESS	500 S BUENA VISTA ST	23 STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA	24 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IOPOLO, FRANK S	32 NAME	
STREET ADDRESS	1375 BUENA VISTA DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUENA VISTA FL	34 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPENTER, FARRIS E.	42 NAME	
STREET ADDRESS	1375 BUENA VISTA DR.	43 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUENA VISTA FL	44 CITY-ST-ZIP	
TITLE	ASD <input type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, MARSHA L.	52 NAME	
STREET ADDRESS	500 S BUENA VISTA ST	53 STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 *Marsha L. Reed* 4/18/96 (818) 560-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)