

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 11:47

DOCUMENT # 406209  
1. Corporate Name

The Swan Hotel, Inc.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100001504201  
-06/02/95--01019--006  
\*\*\*\*200.00 \*\*\*\*200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

3. Date Incorporated or Qualified: 08/03/72  
3a. Date of Last Report: 04/20/94

2. Principal Place of Business:	2a. Mailing Address:	4. FEI Number:	Applied For:
21 1375 Buena Vista Street	26 500 S. Buena Vista Street	95-2786241	Not Applicable
22 4th Floor-North	27	5. Certificate of Status Desired:	\$8.75 Additional Fee Required
23 Lake Buena Vista, FL	28 Burbank, CA	6. Election Campaign Financing Trust Fund Contribution:	\$5.00 May Be Added to Fees
24 32830	25 U.S.	29 91521-0340	30 U.S.

9. Name and Address of Current Registered Agent:	10. Name and Address of New Registered Agent:
Frank S. Ioppolo 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 607.0503 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 Sections 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature of Registered Agent or Public Registered Agent, including: \_\_\_\_\_)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME: PD Green, Judson C.	12.2 STREET ADDRESS: 500 S. Buena Vista Street	13.1 NAME:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
12.3 CITY, ST, ZIP: Burbank, CA 91521		13.2 STREET ADDRESS:	
12.4 NAME: Ioppolo, Frank S.	12.5 STREET ADDRESS: 1375 Buena Vista Street	13.3 NAME:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
12.6 CITY, ST, ZIP: Lake Buena Vista, FL 32830		13.4 STREET ADDRESS:	
12.7 NAME: Carpenter, Farris E.	12.8 STREET ADDRESS: 1375 Buena Vista Street	13.5 NAME:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
12.9 CITY, ST, ZIP: Lake Buena Vista, FL 32830		13.6 STREET ADDRESS:	
12.10 NAME: Litvack, Sanford M.	12.11 STREET ADDRESS: 500 S. Buena Vista Street	13.7 NAME:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
12.12 CITY, ST, ZIP: Burbank, CA 91521		13.8 STREET ADDRESS:	
12.13 NAME: Reed, Marsha L.	12.14 STREET ADDRESS: 500 S. Buena Vista Street	13.9 NAME:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
12.15 CITY, ST, ZIP: Burbank, CA 91521		13.10 STREET ADDRESS:	
12.16 NAME:	12.17 STREET ADDRESS:	13.11 NAME:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
12.18 CITY, ST, ZIP:		13.12 STREET ADDRESS:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 607.0112 (3)(b), Florida Statutes. I further certify that the information included 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 liquidator 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 as an alternate with no address.

SIGNATURE: *Marsha L. Reed*  
SIGNATURE AND TYPED OR PRINTED NAME OF FORMING OFFICER OR DIRECTOR  
Marsha L. Reed

4/14/95 (818) 560-1000  
Date: \_\_\_\_\_