

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

**APPROVED AND FILED**

**95 APR 27 AM 7:57**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**

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



**DOCUMENT # 821481 (9)**

1. Corporation Name  
**MADEIRA LAND COMPANY, INC.**

Principal Place of Business Mailing Address

**1375 BUENA VISTA DR  
4 FLR N  
LAKE BUENA VISTA FL 32830  
US**

**500 S BUENA VISTA  
BURBANK CA 91521  
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report

**05/28/1968 05/01/1994**

4. FEI Number Applied For

**95-2554298** 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. 190.002, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City 85 Zip Code

**FL**

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 re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>EVD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREEN, JUDSON C.</b>	1.2 NAME	
STREET ADDRESS	<b>500 S BUENA VISTA STR.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BURBANK CA</b>	1.4 CITY - ST - ZIP	
TITLE	<b>ASD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REED, MARSHA L.</b>	2.2 NAME	
STREET ADDRESS	<b>500 S BUENA VISTA ST</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BURBANK CA</b>	2.4 CITY - ST - ZIP	
TITLE	<b>S</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>XMASKOWITZ, SYDNEY L X</b>	3.2 NAME	
STREET ADDRESS	<b>1375 BUENA VISTA DRIVE</b>	3.3 STREET ADDRESS	<b>Ioppolo Frank S.</b>
CITY - ST - ZIP	<b>LAKE BUENA VISTA FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>VT</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARPENTER, FARRIS E.</b>	4.2 NAME	
STREET ADDRESS	<b>1375 BUENA VISTA DRIVE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LAKE BUENA VISTA FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>DX</b>	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LITVACK, SANFORD M.</b>	5.2 NAME	
STREET ADDRESS	<b>500 S BUENA VISTA ST</b>	5.3 STREET ADDRESS	<b>Litvack, Sanford M.</b>
CITY - ST - ZIP	<b>BURBANK CA</b>	5.4 CITY - ST - ZIP	
TITLE		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 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* 4/19/95 (818) 560-1000

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR (Date) (Typed Name)

**Marsha L. Reed**