

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 # **821481** (9)
1. Corporation Name
MADEIRA LAND COMPANY, INC.



Principal Place of Business: **1375 BUENA VISTA DR, 4 FLR N, LAKE BUENA VISTA FL 32830 US**
Mailing Address: **500 S BUENA VISTA, BURBANK CA 91521 US**

3. Date Incorporated or Qualified: **05/28/1968**
3a. Date of Last Report: **04/27/1995**
4. FEI Number: **95-2554298**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **500 SOUTH BUENA VISTA STREET, BURBANK, CA 91521-0586, USA**
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country

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: **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: _____ (DATE) _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	EVD GREEN, JUDSON C. 500 S BUENA VISTA STR. BURBANK CA	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASD REED, MARSHA L. 500 S BUENA VISTA ST BURBANK CA	2.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	S IOPPOLO, FRANK S 1375 BUENA VISTA DRIVE LAKE BUENA VISTA FL	2.2 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	VT CARPENTER, FARRIS E. 1375 BUENA VISTA DRIVE LAKE BUENA VISTA FL	2.3 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD LTVACK, SANFORD M 500 S BUENA VISTA ST BURBANK CA	3.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3.3 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Telephone Number

CR2E034 (12/95)