PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000004542

1. Corporation Name DISNEY CRUISE VACATIONS, INC.

Principal Place of Business 210 CELEBRATION PLACE. SUITE 400 CELEBRATION FL 34747

Mailing Address

500 SOUTH BUENA VISTA ST BURBANK CA 91521-0856

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90205 002 ***150.00



DO NOT WRITE IN THIS SPACE

		••			3. Date Incorporated or Qualifed 09/19/1995		
Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For
Z. Principal Pi				CTREET	95-4538983		Not Applicable
21 26 500 SOUTH BUENA Suite Apt. # etc. Suite, Apt. #, etc.			ATZIN ZIKEFI		93'4000900	\$8.7	5 Additional
22 27			<u> </u>		5. Certifcate of Status Desired	Fee.Required_	
City & State City & State 28 BURBANK, CA					6. Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Into	angible	
24 25 29 91521-0586 30			US	;	Personal Property Tax.	🗶 Yes	□No
	9. Name and Address of Current	10. Name and Address of New Registered	Agent				
				Name			i
IOPPOLO, FRANK S				Street Ad	dress (P.O. Box Number is Not Acceptable)		·
1375 BUENA VISTA DR. 4TH FL N			82	Street Au	Alloss (1.0. Box Hamber is Not Associate)		
lake buena vista fl 32830			83				
			84	City	FL.	85 Z	ip Code
			the ober	named so		changing	its registered
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 Signature_typed or grinted name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE							
Signature, typed or printed name of registered agent and title if applicable. (NOTE. Reg. 12. OFFICERS AND DIRECTORS				a signature requ	ADDITIONS/CHANGES TO OFFICERS AN	ID DIREC	TORS IN 12
TITLE	D DELETE		13.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Chan	
	LITVACK, SANFORD M		1.2 NAME			_	
NAME							
STREET ADDRESS	500 SOUTH BUENA VISTA ST.			TADORESS			
CITY-ST-ZIP	BURBANK CA 91521		14 CITY-S	T-ZIP		☐ Chan	ge Addition
TITLE	D .	₩) DECE IE	2.1 TITLE	İ		Ond.	gc
NAME	MURPHY, LAWRENCE P		2.2 NAME				1
STREET ADDRESS	500 SOUTH BUENA VISTA ST.		2.3 STREET ADDRESS			,	
CITY-ST-ZIP	BURBANK CA 91521		2. 4 CITY-ST-ZIP			Chan	ge Addition
TITLE	DP	☐ DELETE	3.1 TITLE 3.2 NAME			Chan	ge 🗀 Addition
NAME	RODNEY, ARTHUR A			-			
STREET ADDRESS	1 = '			TADDRESS			
CITY-ST-ZIP	CELEBRATION FL 34747		3.4 CITY-5	ST-ZIP		- Char	DAddition
TITLE	D	☐ DELETE	4.1 TITLE			Chan	ge Addition
NAME	WEISS, ALLEN R		4. 2 NAME				
STREET ADDRESS	**** * * * * * * * * * * * * * * * * *			TADDRESS			į
CITY-ST-ZIP	LAKE BUENA VISTA FL 32830		4.4 CITY-S	T-ZIP			
TITLE	S DELETE		5.1 TITLE			Chan	ge 🗌 Addition
NAME	REED, MARSHA L		5.2 NAME				
STREET ADDRESS	500 SOUTH BUENA VISTA ST.		5.3 STREET ADDRESS				
CITY-ST-ZIP	BURBANK CA 91521		5.4 CITY-ST-ZIP				
TITLE	T □ DELETE		6.1 TITLE			Chan	ge 🗌 Addition
NAME	BUETTNER, ANNE L		6.2 NAME				
STREET ADDRESS	500 S BUENA VISTA ST		6.3 STREE	TADDRESS			
CITY-ST-ZIP	BURBANK CA 91521		6.4 CITY-S	T-ZIP			

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, with all other like empowered.

SIGNATURE: MARSHA L. REED
SIGNATURE AND TYPED OR PRINTED NAME OF

(818) 560-1000