FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

BURBANK CA



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(8)

Principal Place of Business Mailing Address	WALT	DI S NEY ATTRACTIONS, IN	CORPORATED			
Replace of Business 2a, Mailing Address 4. FEI Number Applied For Suite, Apt #, etc. 5. Certificate of Status Desired 58.75 Additional Fee Required 50.00 May Be Address 5. Certificate of Status Desired 55.00 May Be Address 55.00 May	500 8 BUENA VISTA ST 500 SOUTH VISTA ST BURBANK CA 91521 0596			;		
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Suite Apt #, etc Suite Apt #, etc Suite Apt #, etc Suite Apt #, etc State	2. Principal P	lace of Business	2a. Mailing Address	- 4 		Applied For
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City & State 23	22		F-1		5. Certificate of Status Desired	
Country Zip 25 30 Country Zip 30 Country Zip Significant Signifi	City & State		City & State		Election Campaign Financing	\$5.00 May Be
Personal Property Tax due June 90. 12 No. S. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FRANK S. IOPPOLO 1375 BUENA VISTA DR 4TH FL N LAKE BUENA VISTA FL 32830 82 Street Address (P.O. Box Number is Not Acceptable) 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 Lorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE Signature pure or intend face of registered agent lagrature agent and title 4 agent with a decept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature pure or intend face of registered agent agent and title 4 agent with a decept the corporation's board of directors. I hereby accept the appointment as registered agent purpose of changing its registered agent purpose of purpose of changing its registered agent purpose of object to agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature purpose of purpose of purpose of purpose of agent and title 4 agent with a statutes. SIGNATURE Signature purpose of purpose of purpose of agent and title 4 agent with a statutes. The corporation's board of directors. I hereby accept the appointment as registered agent purpose of agent	23				Trust Fund Contribution	Added to Fees
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1375 BUENA VISTA DR 4TH FL N LAKE BUENA VISTA FL 32830 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	FR		in riogistored rigorit	81 Name	10, Name and Address of New Yorkston	a Agont
LAKE BUENA VISTA FL 32830 83 84 City FL 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 agent, or both, in the State of Londs, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Londs, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Londs Statutes. SIGNATURE 12. OF LICEUS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 14. CD DELETE 11. TITLE 11. TITLE 12. OFFICERS AND DIRECTORS IN 12. TITLE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 14. CITY-ST-ZIP 14. CITY-ST-ZIP 14. CITY-ST-ZIP 14. CITY-ST-ZIP 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 16. Change (M) Addition 17. Change (M) Addition 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. Change (M) Addition 29. Addition 29. CITY-ST-ZIP 29. CITY-ST-Z				00 0	(C.O. Day Mushas is Net Assessed to	
B3				82 Street Ad	loress (P.O. Box Number is Not Acceptable)	
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 Horida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature Sylectic printed face of registered agent and rife Carporable (NOTE Registered Agent algorithe required when reinclating) DATE				83		
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6.4 CITY-ST-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.

***150.00

FILED

May 27 1998 8:00am

Secretary of State