

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 27 AM 9:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # S80701 (3)**

1. Corporation Name  
**CELEBRATION INSURANCE, INC.**

Principal Place of Business Mailing Address  
1375 BUENA VISTA DR. 500 S BUENA VISTA ST  
4TH FLOOR, N BURBANK CA 91521-0340  
LAKE BUENA VISTA FL 32830 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/17/1991** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **59-3125099** Applied For  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 C. 100.002, Florida Statutes  Yes  No

2. Principal Place of Business 26. 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

9. Name and Address of Current Registered Agent  
**IOPPOLO, FRANK S.  
1375 BUENA VISTA DR.  
4TH FLOOR NORTH  
LAKE BUENA VISTA FL 32380**

10. Name and Address of Now Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 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 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	<b>S</b>
NAME	<b>PITT, LAWRENCE B</b>
STREET ADDRESS	<b>1375 BUENA VISTA DR</b>
CITY-ST-ZIP	<b>LAKE BUENA VISTA FL</b>
TITLE	<b>D</b>
NAME	<b>LITVACK, SANFORD M.</b>
STREET ADDRESS	<b>500 S. BUENA VISTA ST.</b>
CITY-ST-ZIP	<b>BURBANK CA</b>
TITLE	<b>PD</b>
NAME	<b>RUMMELL, PETER S</b>
STREET ADDRESS	<b>500 S BUENA VISTA ST</b>
CITY-ST-ZIP	<b>BURBANK CA</b>
TITLE	<b>ASD</b>
NAME	<b>REED, MARSHA L.</b>
STREET ADDRESS	<b>500 S. BUENA VISTA STREET</b>
CITY-ST-ZIP	<b>BURBANK CA</b>
TITLE	<b>T</b>
NAME	<b>OUIMET, MATT A</b>
STREET ADDRESS	<b>6649 WESTWOOD DR</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>ASD REED, MARSHA L.</b>
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)  
**Marsha L. Reed**