

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S80701** (3)

1. Corporation Name

CELEBRATION INSURANCE, INC.



Principal Place of Business

Mailing Address

1375 BUENA VISTA DR.
4TH FLOOR, N
LAKE BUENA VISTA FL 32830
US

500 S BUENA VISTA ST
BURBANK CA 91521-0940

3. Date Incorporated or Qualified

09/17/1991

3a. Date of Last Report

04/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

500 SOUTH BUENA VISTA STREET 59-3125099

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

BURBANK, CA

24

Zip

Country

Zip

Country

25

29

91521-0586

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

IOPPOLO, FRANK S.
1375 BUENA VISTA DR.
4TH FLOOR NORTH
LAKE BUENA VISTA FL 32880

81 Name

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

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 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 printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-issuing)

DATE

12. OFFICERS AND DIRECTORS

TITLE S ☐ DELETE

NAME
PITT, LAWRENCE B
STREET ADDRESS
1375 BUENA VISTA DR
CITY-ST-ZIP
LAKE BUENA VISTA FL

TITLE D ☐ DELETE

NAME
LITVACK, SANFORD M.
STREET ADDRESS
500 S. BUENA VISTA ST.
CITY-ST-ZIP
BURBANK CA

TITLE PD ☐ DELETE

NAME
RUMMELL, PETER S
STREET ADDRESS
500 S BUENA VISTA ST
CITY-ST-ZIP
BURBANK CA

TITLE ASD ☐ DELETE

NAME
REED, MARSHA L.
STREET ADDRESS
500 S. BUENA VISTA STREET
CITY-ST-ZIP
BURBANK CA

TITLE T ☐ DELETE

NAME
OUIMET, MATT A
STREET ADDRESS
6649 WESTWOOD DR
CITY-ST-ZIP
ORLANDO FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

1375 BUENA VISTA DR.
LAKE BUENA VISTA, FL 32830

6.1 TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marsha L. Reed

4/18/96

(818) 560-1000

Date

Daytime Phone #

CR2E034 (12/95)