

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

FILED

Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **S80701** (3)
1. Corporation Name
CELEBRATION INSURANCE, INC.



Principal Place of Business 1375 BUENA VISTA DR. 4TH FLOOR, N LAKE BUENA VISTA FL 32830 US	Mailing Address 500 SOUTH BUEN VISTA STREET BURBANK CA 91521-0001 US
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 500 S. Buena Vista St. Suite, Apt. #, etc. 27 City & State 28 Burbank, CA Zip 29 91521-0586 Country 30 USA
--	--

3. Date Incorporated or Qualified 09/17/1991	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3125099	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 New Registered Agent	
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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PITT, LAWRENCE B	1.2 NAME	
STREET ADDRESS	1375 BUENA VISTA DR	1.3 STREET ADDRESS	
CITY- ST- ZIP	LAKE BUENA VISTA FL	1.4 CITY- ST- ZIP	32830
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITVACK, SANFORD M.	2.2 NAME	
STREET ADDRESS	1375 BUEN VISTA DR.	2.3 STREET ADDRESS	500 S. Buena Vista St.
CITY- ST- ZIP	LAKE BUEN VISTA FL	2.4 CITY- ST- ZIP	Burbank, CA 91521
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUMMELL, PETER S	3.2 NAME	Robert L. Shinn
STREET ADDRESS	500 S BUENA VISTA ST	3.3 STREET ADDRESS	200 Celebration Place
CITY- ST- ZIP	BURBANK CA	3.4 CITY- ST- ZIP	Celebration, FL 34747
TITLE	ASD	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REED, MARSHA L.	4.2 NAME	
STREET ADDRESS	500 S. BUENA VISTA STREET	4.3 STREET ADDRESS	
CITY- ST- ZIP	BURBANK CA	4.4 CITY- ST- ZIP	91521
TITLE	T	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OUMET, MATT A	5.2 NAME	
STREET ADDRESS	6649 WESTWOOD DR	5.3 STREET ADDRESS	1375 Buena Vista Dr.
CITY- ST- ZIP	ORLANDO FL	5.4 CITY- ST- ZIP	Lake Buena Vista, FL 32830
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do 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.

SIGNATURE:

Marsha L Reed

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/97

Date

(818) 560-1000

Daytime Phone

0602995

CR2E034 (9/96)