

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Apr 22 1998 8:00am  
Secretary of State

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 91521-0586  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**09/17/1991**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

**59-3125099**

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75 Additional**

**Fee Required**

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be**

**Added to Fees**

24 Zip

Country

29 Zip

Country

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

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 32380**

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 date, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **S**  
STREET ADDRESS **PITT, LAWRENCE B**  
CITY-ST-ZIP **1375 BUENA VISTA DR**  
**LAKE BUENA VISTA FL**

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP **32830**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **LITVACK, SANFORD M.**  
CITY-ST-ZIP **500 S. BUENA VISTA ST.**  
**BURBANK CA**

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP **91521**

TITLE ☐ DELETE  
NAME **PD**  
STREET ADDRESS **SHINN, ROBERT**  
CITY-ST-ZIP **200 CELEBRATION PLACE**  
**CELEBRATION FL**

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP **34747**

TITLE ☐ DELETE  
NAME **ASD**  
STREET ADDRESS **REED, MARSHA L.**  
CITY-ST-ZIP **500 S. BUENA VISTA STREET**  
**BURBANK CA**

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP **91521**

TITLE ☐ DELETE  
NAME **T**  
STREET ADDRESS **QUIMET, MATT A**  
CITY-ST-ZIP **1375 BUENA VISTA DR.**  
**LAKE BUENA VISTA FL**

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP **32830**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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.

SIGNATURE

Name of Agent

*[Signature]*

4-2-98

(Typed Name)

CR2E034 (10/97)