

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

**FILED**

**Apr 22 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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 91521-0586 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-sections for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: 09/17/1991  
4. FEI Number: 59-3125099  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
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: IOPPOLO, FRANK S. 1375 BUENA VISTA DR. 4TH FLOOR NORTH LAKE BUENA VISTA FL 32380

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>S PITT, LAWRENCE B</b>	1.2 NAME	
STREET ADDRESS	<b>1375 BUENA VISTA DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE BUENA VISTA FL</b>	1.4 CITY-ST-ZIP	<b>32830</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D LITVACK, SANFORD M.</b>	2.2 NAME	
STREET ADDRESS	<b>500 S. BUENA VISTA ST.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BURBANK CA</b>	2.4 CITY-ST-ZIP	<b>91521</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PD SHINN, ROBERT</b>	3.2 NAME	
STREET ADDRESS	<b>200 CELEBRATION PLACE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CELEBRATION FL</b>	3.4 CITY-ST-ZIP	<b>34747</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ASD REED, MARSHA L.</b>	4.2 NAME	
STREET ADDRESS	<b>500 S. BUENA VISTA STREET</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BURBANK CA</b>	4.4 CITY-ST-ZIP	<b>91521</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>T OUMET, MATT A</b>	5.2 NAME	
STREET ADDRESS	<b>1375 BUENA VISTA DR.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE BUENA VISTA FL</b>	5.4 CITY-ST-ZIP	<b>32830</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 \_\_\_\_\_

CR2E034 (10/97)