

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

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Apr 16 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>	 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S80729 (4)**  
 1. Corporation Name  
**CELEBRATION MORTGAGE COMPANY, INC.**



Principal Place of Business <b>1375 N BUENA VISTA DR</b> <b>4 FLR N</b> <b>LAKE BUENA VISTA FL 32830</b> <b>US</b>	Mailing Address <b>500 SOUTH BUENA VISTA STREET</b> <b>BURBANK CA 91521-0001</b> <b>US</b>
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3. Date Incorporated or Qualified <b>09/17/1991</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-3125092</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent <b>IOPPOLO, FRANK S.</b> <b>1375 BUENA VISTA DRIVE</b> <b>4TH FLOOR NORTH</b> <b>LAKE BUENA VISTA FL 32830</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 reinstating) DATE	
12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: S NAME: PITT, LAWRENCE B STREET ADDRESS: 1375 BUENA VISTA DR CITY-ST-ZIP: LAKE BUENA VISTA FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP: 32830 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: LITVACK, SANFORD M. STREET ADDRESS: 500 S. BUENA VISTA ST. CITY-ST-ZIP: BURBANK CA <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP: 91521 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: PD NAME: RUMMELL, PETER S STREET ADDRESS: 500 S BUENA VISTA ST CITY-ST-ZIP: BURBANK CA <input checked="" type="checkbox"/> DELETE	3.1 TITLE: PD 3.2 NAME: Robert L. Shinn 3.3 STREET ADDRESS: 200 Celebration Place 3.4 CITY-ST-ZIP: Celebration, FL 34747 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: ASD NAME: REED, MARSHA L. STREET ADDRESS: 500 S BUENA VISTA ST CITY-ST-ZIP: BURBANK CA <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP: 91521 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: T NAME: OUMET, MATTHEW A. STREET ADDRESS: 1375 BUENA VISTA DR. CITY-ST-ZIP: LAKE BUEN VISTA FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS: Lake Buena Vista, FL 32830 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Marsha L. Reed* 4/13/97 (818) 560-1000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)