

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S80738** (5)

1. Corporation Name

CELEBRATION FINANCE COMPANY, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business		Mailing Address	
1375 BUENA VISTA DR. 4TH FLOOR, N. LAKE BUENA VISTA FL 32830 US		500 SOUTH BUENA VISTA STREET BURBANK CA 91521-0340	
2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip		Country	
24		29	
Country		Country	
25		30	
3. Date Incorporated or Qualified		3a. Date of Last Report	
09/17/1991		05/01/1994	
4. FEI Number		Applied For	
59-3125101		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
☐		☐	
6. Election Campaign Financing		\$5.00 May Be Added to Fees	
Trust Fund Contribution		☐	
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		☐ 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 32830		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 resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	☐ Change ☐ 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	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	LITVACK, SANFORD M.	2.2 NAME	
STREET ADDRESS	500 S BUENA VISTA ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	BURBANK CA	2.4 CITY - ST - ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	RUMMELL, PETER S.	3.2 NAME	
STREET ADDRESS	500 S BUENA VISTA ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	BURBANK CA	3.4 CITY - ST - ZIP	
TITLE	ASD	4.1 TITLE	☐ Change ☐ Addition
NAME	REED, MARSHA L.	4.2 NAME	
STREET ADDRESS	500 S BUENA VISTA ST	4.3 STREET ADDRESS	
CITY - ST - ZIP	BURBANK CA	4.4 CITY - ST - ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	QUIMET, MATTHEW A.	5.2 NAME	
STREET ADDRESS	6649 WESTWOOD BLVD	5.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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

4/19/95

Date

(818) 560-1000

Daytime Phone #