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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

S80738

(5)

CELEBRATION FINANCE COMPANY, INC.

Procioal Place d	of Business	Mailing Address					
1375 BUENA VISTA DR. 500		500 SOUTH BUENA VIS	00 SOUTH BUENA VISTA STREET				
4TH FLOOR. N	VI. Vista fl. 32830	BURBANK CA 91521-03	340				- I last Daniel
US	FIG. 11 SECOND				3. Date Incorporated or Qualit 09/17/1991		e of Last Report 14/27/1995
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number		Applied For
1		26 500 SOUTH BUENA VISTA STRE		EET 59-3125101		Not Applicab	
Suite, Apt #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desire	d 🔲	\$8.75 Additional	
2		27					Fee Required
_ City & State		City & State			6. Election Campaign Financia	ng 🔲	\$5.00 May Be
3		28 BURBANK, CA			Trust Fund Contribution		Added to Fees
_ Zip =ı	Country	Zip	Country		8. This corporation has liabilit Florida Statutes	y torintangibie d IYes ⊠ No	ax under silige.coz.,
<u> </u>	9. Name and Address of Curren	29 91521-0586	30 USA		10. Name and Address of N		Agent
	9. Name and Address of Curren	t negistered Agent	81	Name	10.	<u> </u>	
), FRANK S.	82 Street Add		Street Addres	ress (P.O. Box Number is Not Acceptable)		
	ena vista dr.		83				
	OR NORTH						
LAKE BU	IENA VISTA FL 32380		64	City		FL	85 Zip Code
4.4 Flyroupot to	the provisions of Sections 607.0502	and 607 1508. Florida Statute	es the above-	named coroora	tion submits this statement for th	ne numose of ch	anning its registered off
or registere familiar with	othe provisions of Sections 607.0502 and agent, or both, in the State of Florid n, and accept the obligations of, Sect	na. Such change was authorizi	ed by the corp	ogration's board	r or directors, tinetecty accept the	з арропипечи а:	s registered agent. Fam
signature _	signature, typud or printed name of registered agent	and trie if applicable (NO	VI. Device and Ann	nt signature redjoired	A transportation	DATE	
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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

Daytinie Prone #