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Apr 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S80738 (5)

1. Corporation Name
CELEBRATION FINANCE COMPANY, INC.

Principal Place of Business

1375 BUENA VISTA DR.
4TH FLOOR, N.
LAKE BUENA VISTA FL 32830
US

Mailing Address

500 SOUTH BUENA VISTA STREET
BURBANK CA 91521-0001
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 500 S. Buena Vista St.

27 Suite, Apt. #, etc.

28 City & State

28 Burbank, CA

29 Zip

29 91521-0586

30 Country

30 USA

3. Date Incorporated or Qualified

09/17/1991

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3125101

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

IOPPOLO, FRANK S.
1375 BUENA VISTA DR.
4TH FLOOR NORTH
LAKE BUENA VISTA FL 32830

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE S ☐ DELETE

NAME PITT, LAWRENCE B
STREET ADDRESS 1375 BUENA VISTA DR
CITY-ST-ZIP LAKE BUENA VISTA FL

TITLE D ☐ DELETE

NAME LITVACK, SANFORD M.
STREET ADDRESS 500 S BUENA VISTA ST.
CITY-ST-ZIP BURBANK CA

TITLE PD ☒ DELETE

NAME RUMMELL, PETER S.
STREET ADDRESS 500 S BUENA VISTA ST
CITY-ST-ZIP BURBANK CA

TITLE ASD ☐ DELETE

NAME REED, MARSHA L.
STREET ADDRESS 500 S BUENA VISTA ST
CITY-ST-ZIP BURBANK CA

TITLE T ☐ DELETE

NAME OUMET, MATTHEW A.
STREET ADDRESS 1375 BUENA VISTA DR.
CITY-ST-ZIP LAKE BUEN VISTA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

32830

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

91521

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

PD
Robert L. Shinn
200 Celebration Place
Celebration, FL 34747

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

91521

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Lake Buena Vista, FL 32830

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/97

Date

(818) 560-1000

Daytime Phone

0603002

CR2E034 (9/96)