

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

FILED
Apr 22 1998 8:00
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # S80738 (5)
Corporation Name
CELEBRATION FINANCE COMPANY, INC.

Place of Business
BUENA VISTA DR.
COR. N.
LAKE BUENA VISTA FL 32830

Mailing Address
500 SOUTH BUENA VISTA STREET
BURBANK CA 91521-0566
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/17/1991	
4. FEI Number 59-3125101	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent TOPPOLO, 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	
25 Country		29 Zip Code	

I, the undersigned, being a resident qualified person in the State of Florida, 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 stated 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.

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME PITT, LAWRENCE B 1375 BUENA VISTA DR LAKE BUENA VISTA FL	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME LITVACK, SANFORD M. 500 S BUENA VISTA ST. BURBANK CA	<input type="checkbox"/> DELETE	1.2 NAME	
3. NAME SHINN, ROBERT L 200 CELEBRATION PLACE CELEBRATION FL	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
4. NAME REED, MARSHA L. 500 S BUENA VISTA ST BURBANK CA	<input type="checkbox"/> DELETE	1.4 CITY - ST - ZIP	32830
5. NAME QUIMET, MATTHEW A. 1375 BUENA VISTA DR. LAKE BUEN VISTA FL	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	91521
		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	34747
		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	91521
		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	82830
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP	

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SIGNATURE: Marsha L. Reed
4-3-98 (818) 560-1000

CR2E034 (10/97)