

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # SB0770 (8)

1. Corporation Name
CELEBRATION SECURITY SYSTEMS, INC.

Principal Place of Business Mailing Address
**1375 BUENA VISTA DR
4 FLR N
LAKE BUENA VISTA FL 32830
US** **500 S BUENA VISTA ST
BURBANK CA 91521
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/17/1991** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-3125086		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		28		6. This corporation has liability for intangible tax under C. 192.032, Florida Statutes	
23		28		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Zip	Country	Zip	Country				
24	25	29	30				

8. 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				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				FL			

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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	\$	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	PITT, LAWRENCE B	1.2 NAME					
STREET ADDRESS	1375 BUENA VISTA DR	1.3 STREET ADDRESS					
CITY - ST - ZIP	LK BUENA VISTA FL	1.4 CITY - ST - ZIP					
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	QUINIM, MATTHEW A.	5.2 NAME					
STREET ADDRESS	6849 WESTWOOD BLVD	5.3 STREET ADDRESS					
CITY - ST - ZIP	ORLANDO FL	5.4 CITY - ST - ZIP					
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 (818) 560-1000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Marsha L. Reed Date: 4/19/95 Division: 2