

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S80770 (8)

1. Corporation Name
CELEBRATION SECURITY SYSTEMS, INC.



Principal Place of Business
**1375 BUENA VISTA DR
4 FLR N
LAKE BUENA VISTA FL 32830
US**

Mailing Address
**500 S BUENA VISTA ST
BURBANK CA 91521
US**

3. Date Incorporated or Qualified **09/17/1991** 3a. Date of Last Report **04/27/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-3125086	Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fees Required
23. City & State	28. BURBANK, CA	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	29. 91521-0586	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25. Country	30. USA		

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S 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	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D 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	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD 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	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASD 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	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T QUIMET, MATTHEW A.	5.2 NAME	T QUIMET, MATTHEW A.
STREET ADDRESS	6649 WESTWOOD BLVD	5.3 STREET ADDRESS	1375 BUENA VISTA DR
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	LAKE BUENA VISTA, FL 34747
TITLE	<input type="checkbox"/> DELETE	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 119.07(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** *Marsha L. Reed* 4/18/96 (818) 560-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (12/95)