

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

FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 91521-0586 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 09/17/1991	
		4. FEI Number 59-3125086		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 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 85 Zip Code	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PITT, LAWRENCE B	1.2 NAME	
STREET ADDRESS	1375 BUENA VISTA DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUENA VISTA FL	1.4 CITY-ST-ZIP	32830
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" 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	91521
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHINN, ROBERT L	3.2 NAME	
STREET ADDRESS	200 CELEBRATION PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CELEBRATION FL	3.4 CITY-ST-ZIP	34747
TITLE	ASD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" 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	91521
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OUIMET, MATTHEW A.	5.2 NAME	
STREET ADDRESS	1375 BUENA VISTA DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUENA VISTA FL	5.4 CITY-ST-ZIP	32830
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 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: _____ (Signature typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: **4-2-99** (818) 560-1000

CR2E034 (10/97)