

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 # **V40132** (5)

1. Corporation Name

**MAGNOLIA CREEK DEVELOPMENT COMPANY**

Principal Place of Business

1375 BUENA VISTA DRIVE  
4TH FLOOR-NORTH  
LAKE BUENA VISTA FL 32830

Mailing Address

500 S. BUENA VISTA ST.  
BURBANK CA 91521-0340



3. Date Incorporated or Qualified

05/28/1992

3a. Date of Last Report

04/27/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

500 SOUTH BUENA VISTA STREET

27

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

BURBANK, CA

29

91521-0586

30

USA

4. FEI Number

59-3127937

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fees Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$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

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

Signature, typed or printed name of registered agent, and if not applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME RUMMELL, PETER S.  
STREET ADDRESS 500 S. BUENA VISTA ST.  
CITY-ST-ZIP BURBANK CA 91521

☐ DELETE

TITLE D  
NAME LITVACK, SANFORD M.  
STREET ADDRESS 500 S BUENA VISTA ST  
CITY-ST-ZIP BURBANK CA 91521

☐ DELETE

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

☐ DELETE

TITLE AT  
NAME HUGHES, DAVID A  
STREET ADDRESS 500 S BUENA VISTA STREET  
CITY-ST-ZIP BURBANK CA

☒ DELETE

TITLE S  
NAME KATHEDER, THOMAS M.  
STREET ADDRESS 1375 BUENA VISTA DR., 4TH FL-NORTH  
CITY-ST-ZIP LAKE BUENA VISTA FL 32830

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

1.1 TITLE ☐ Change: ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change: ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change: ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change: ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change: ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change: ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

AT ☐ Change: ☒ Addition

BUETTNER, ANNE L.

500 S. BUENA VISTA ST

BURBANK, CA 91521

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.

MARSHA L. REED

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96

(818) 560-1000

Date

Daytime Phone #

CR2E034 (12/95)