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FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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 SOUTH BUENA VISTA STREET
BURBANK CA 91521-0586
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/28/1992

4. FEI Number
59-3127937

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME KATHERED, THOMAS M
STREET ADDRESS 1375 BUENA VISTA DRIVE
CITY-ST-ZIP LAKE BUENA VISTA FL 32830

TITLE ☐ DELETE
NAME ASD
NAME REED, MARSHA L
STREET ADDRESS 500 S. BUENA VISTA DR.
CITY-ST-ZIP BURBANK CA 91521

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

TITLE ☐ DELETE
NAME AT
NAME BUETTNER, ANNE L.
STREET ADDRESS 500 S. BUENA VISTA STREET
CITY-ST-ZIP BURBANK CA 91521

TITLE ☐ DELETE
NAME T
NAME HILL, MITCHELL C
STREET ADDRESS 1401 FLOWER ST.
CITY-ST-ZIP GLENDALE CA 91221

TITLE ☐ DELETE
NAME PD
NAME SHINN, ROBERT L
STREET ADDRESS 200 CELEBRATION PLACE
CITY-ST-ZIP CELEBRATION FL 34747

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☒ Change ☐ Addition
22 NAME
23 STREET ADDRESS 500 S. Buena Vista Street
24 CITY-ST-ZIP

31 TITLE ☒ Change ☐ Addition
32 NAME
33 STREET ADDRESS 500 S. Buena Vista Street
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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]

V-3 (10/97) (010) 550-1000

CR2E034 (10/97)