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APPROVED AND FILED

95 APR 27 AM 7:57

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # 821481 (9)

1. Corporation Name
MADEIRA LAND COMPANY, INC.

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

Mailing Address: **500 S BUENA VISTA, BURBANK CA 91521 US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business: **1375 Buena Vista Dr, Lake Buena Vista, FL 32830**

2a. Mailing Address: **500 S. Buena Vista Street, Burbank, CA**

21. Suite, Apt. #, etc.

22. City & State: **Burbank, CA**

23. Zip: **91521-0340**, Country: **U.S.**

3. Date Incorporated or Qualified: **05/28/1968**

3a. Date of Last Report: **05/01/1994**

4. FEI Number: **95-2554298**

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 has liability for intangible tax under S. 190.002, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
**FRANK S. IOPPOLO
1375 BUENA VISTA DRIVE
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: **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 re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	EVD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, JUDSON C.	1.2 NAME	
STREET ADDRESS	500 S BUENA VISTA STR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	BURBANK CA	1.4 CITY - ST - ZIP	
TITLE	ASD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, MARSHA L.	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	S	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	XMASKOWITZ, SYDNEY L X	3.2 NAME	
STREET ADDRESS	1375 BUENA VISTA DRIVE	3.3 STREET ADDRESS	Ioppolo Frank S.
CITY - ST - ZIP	LAKE BUENA VISTA FL	3.4 CITY - ST - ZIP	
TITLE	VT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPENTER, FARRIS E.	4.2 NAME	
STREET ADDRESS	1375 BUENA VISTA DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE BUENA VISTA FL	4.4 CITY - ST - ZIP	
TITLE	DX	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITVACK, SANFORD M.	5.2 NAME	
STREET ADDRESS	500 S BUENA VISTA ST	5.3 STREET ADDRESS	Litvack, Sanford M.
CITY - ST - ZIP	BURBANK CA	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 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* (Date: **4/19/95**) (818) 560-1000

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR (Date) (Typed Name)

Marsha L. Reed