

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

FILED

**Apr 11 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 SOUTH BUENA VISTA ST. BURBANK CA 91521-0001 US
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3. Date Incorporated or Qualified 05/28/1968	3a. Date of Last Report 05/01/1996
4. FEI Number 95-2554298	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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 500 S. Buena Vista St.
22 City & State	27 Suite, Apt. #, etc.
23 City & State	28 Burbank, CA
24 Zip	29 91521-0586
25 Country	30 USA

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 reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	EVO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" 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	91521
TITLE	ASD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" 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	91521
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IOPPOLO, FRANK S	3.2 NAME	
STREET ADDRESS	1375 BUENA VISTA DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE BUENA VISTA FL	3.4 CITY - ST - ZIP	32830
TITLE	VT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" 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	32830
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LITVACK, SANFORD M	5.2 NAME	
STREET ADDRESS	500 S BUENA VISTA ST	5.3 STREET ADDRESS	
CITY - ST - ZIP	BURBANK CA	5.4 CITY - ST - ZIP	91521
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	AT
STREET ADDRESS		6.3 STREET ADDRESS	Anne L. Buettner
CITY - ST - ZIP		6.4 CITY - ST - ZIP	500 S. Buena Vista St. Burbank, CA 91521

14. I do 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: **Marsha L. Reed** *[Signature]* 3/25/97 (818) 560-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)