

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

95 APR 27 AM 7:57

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # V40132 (5)
1. Corporation Name
MAGNOLIA CREEK DEVELOPMENT COMPANY

DO NOT WRITE IN THIS SPACE.

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 **05/01/1994**

4. FBI 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc. 22
23 City & State
24 Zip 25 Country

2a. Mailing Address
26 Suite, Apt. #, etc. 27
28 City & State
29 Zip 30 Country

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RUMMELL, PETER S.
STREET ADDRESS	500 S. BUENA VISTA ST.
CITY-ST-ZIP	BURBANK CA 91521
TITLE	D
NAME	LITVACK, SANFORD M.
STREET ADDRESS	500 S BUENA VISTA ST
CITY-ST-ZIP	BURBANK CA 91521
TITLE	ASD
NAME	REED, MARSHA L.
STREET ADDRESS	500 S BUENA VISTA ST
CITY-ST-ZIP	BURBANK CA
TITLE	MR
NAME	MURPHY, JOHANNY J.
STREET ADDRESS	X0840 WESTWOOD BLVD
CITY-ST-ZIP	XORLANDO FL 32836
TITLE	S
NAME	KATHERER, THOMAS M.
STREET ADDRESS	1375 BUENA VISTA DR., 4TH FL-NORTH
CITY-ST-ZIP	LAKE BUENA VISTA FL 32830
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	AT Hughes, David A.
4.3 STREET ADDRESS	500 S. Buena Vista Street
4.4 CITY-ST-ZIP	Burbank, Ca 91521
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(b), 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 **4/19/95** (818) 560-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

Marsha L. Reed