

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

Mailing Address

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

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

3. Date Incorporated or Qualified

3a. Date of Last Report

05/28/1992

04/27/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26 500 SOUTH BUENA VISTA STREET

59-3127937

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fees Required

22

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23

28 BURBANK, CA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

Country

Country

29 91521-0586

30 USA

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RUMMELL, PETER S.	
STREET ADDRESS	500 S. BUENA VISTA ST.	
CITY-ST-ZIP	BURBANK CA 91521	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LITVACK, SANFORD M.	
STREET ADDRESS	500 S BUENA VISTA ST	
CITY-ST-ZIP	BURBANK CA 91521	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	REED, MARSHA L.	
STREET ADDRESS	500 S BUENA VISTA ST	
CITY-ST-ZIP	BURBANK CA	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	HUGHES, DAVID A	
STREET ADDRESS	500 S BUENA VISTA STREET	
CITY-ST-ZIP	BURBANK CA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KATHERED, THOMAS M.	
STREET ADDRESS	1375 BUENA VISTA DR., 4TH FL-NORTH	
CITY-ST-ZIP	LAKE BUENA VISTA FL 32830	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	AT <input type="checkbox"/> Change: <input checked="" type="checkbox"/> Addition
4.2 NAME	BUETTNER, ANNE L.
4.3 STREET ADDRESS	500 S. BUENA VISTA ST
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 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

Marsha L. Reed

4/18/96

Date

(818) 560-1000

Daytime Phone #

CR2E034 (12/95)