

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

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
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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
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business Suite, Apt. #, etc.	26 2a. Mailing Address Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip 25 Country	29 Zip 30 Country

3. Date Incorporated or Qualified 05/28/1992	
4. FEI Number 59-3127037	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

g. 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
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	S	<input type="checkbox"/> DELETE
NAME	KATHEDER, THOMAS M	
STREET ADDRESS	1375 BUENA VISTA DRIVE	
CITY-ST-ZIP	LAKE BUENA VISTA FL 32830	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	REED, MARSHA L	
STREET ADDRESS	500 S. BUENA VISTA DR.	
CITY-ST-ZIP	BURBANK CA 91521	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LTVACK, SANFORD M	
STREET ADDRESS	500 S. BUENA VISTA DR.	
CITY-ST-ZIP	BURBANK CA 91521	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	BUETTNER, ANNE L.	
STREET ADDRESS	500 S. BUENA VISTA STREET	
CITY-ST-ZIP	BURBANK CA 91521	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HILL, MITCHELL C	
STREET ADDRESS	1401 FLOWER ST.	
CITY-ST-ZIP	GLENDALE CA 91221	
TITLE	PD	<input type="checkbox"/> DELETE
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	500 S. Buena Vista Street
24 CITY-ST-ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	500 S. Buena Vista Street
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 _____ **DATE** _____

CR2E034 (10/97)