

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000083608 (6)**

1. Corporation Name:
ALL STAGE BUILDERS, INC.



Principal Place of Business

**3512 PERRY AVENUE
TAMPA FL 33603**

Mailing Address

**3512 PERRY AVENUE
TAMPA FL 33603**

3. Date Incorporated or Qualified 11/01/1995	3a. Date of Last Report
4. FEI Number 59-3347811	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LIVINGSTON, CLIFTON A
201 EAST DAVIS BLVD.
TAMPA FL 33606**

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 607.0607 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0609, Florida Statutes.

SIGNATURE

Signature of the person who is registered here for the corporation

Signature of the Agent for the corporation

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE	D	<input type="checkbox"/> DELETE
12.2 NAME	KASKESKI, PATRICK	
12.3 STREET ADDRESS	3512 PERRY AVENUE	
12.4 CITY - ST - ZIP	TAMPA FL 33603	
12.5 TITLE	D	<input type="checkbox"/> DELETE
12.6 NAME	TALMADGE, WILLIAM	
12.7 STREET ADDRESS	3512 PERRY AVENUE	
12.8 CITY - ST - ZIP	TAMPA FL 33603	
12.9 TITLE		<input type="checkbox"/> DELETE
12.10 NAME		
12.11 STREET ADDRESS		
12.12 CITY - ST - ZIP		
12.13 TITLE		<input type="checkbox"/> DELETE
12.14 NAME		
12.15 STREET ADDRESS		
12.16 CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY - ST - ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY - ST - ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY - ST - ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICK J. KASKESKI

(813) 226-2041

City

Phone Number

CRCE034 (12/95)