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 # **S78248** **(9)**

1. Corporation Name

PRO STAGE, INC.

Principal Place of Business	Mailing Address
4525 VINELAND RD SUITE 208 ORLANDO FL 32811 US	4525 VINELAND RD SUITE 208 ORLANDO FL 32811 US

3. Date Incorporated or Qualified: **09/06/1991**
3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-3081788** ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

PIPER, TIMOTHY G.
3412 SO. ST LUCIE DR.
CASSELBERRY 32707

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 607.0501 and 617.1501, 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 this 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	PIPER, TIMOTHY G.		12 NAME	
STREET ADDRESS	3412 SO ST LUCIE DR.		13 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL		14 CITY-ST-ZIP	
TITLE	DVS	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	HOLLINGSWORTH, MICHAEL S		22 NAME	
STREET ADDRESS	6105 GLENBARR AVE.		23 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		24 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	BENJAMIN, BERNARD		32 NAME	
STREET ADDRESS	1949 BIG BEND DRIVE		33 STREET ADDRESS	
CITY-ST-ZIP	DES PLAINES IL		34 CITY-ST-ZIP	
TITLE	DT	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	DONLEY, GRAHAM		42 NAME	
STREET ADDRESS	10501 DELTA PARKWAY		43 STREET ADDRESS	
CITY-ST-ZIP	SHCILLER PARK IL		44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is true, and that this filing is voluntary, furnished as it 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 added above.

SIGNATURE: Timothy G. Piper Timothy G. Piper 4/15/96 407-843-6990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

CR2E034 (12/95)