FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 PM 1:19

DOCUMENT # H34798 (9)

1. Corporation Name
STAGE RIGHT, INC.

Principal Place of Business
P.O. BOX 55
ORLANDO FL 32802

Mailing Address
P.O. BOX 55
ORLANDO FL 32802

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/18/1984
3a. Date of Last Report: 03/02/1994
4. FEI Number: 59-2476694 ☐ 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)
City & State (23)
Zip (24) Country (25)

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

9. Name and Address of Current Registered Agent

MAGID, SUSAN STRATES
10600 S. ORANGE AVE
TAFT FL 32824

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 ____ DATE ____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MAGID, SUSAN STRATES
STREET ADDRESS	10600 S ORNG AVE SR527
CITY ST ZIP	TAFT FL
TITLE	S
NAME	BEARD, KENNETH O.
STREET ADDRESS	10600 S ORNG AVE SR527
CITY ST ZIP	TAFT FL
TITLE	SD
NAME	STRATES, PHYLLIS R(AST S
STREET ADDRESS	10600 S ORNG AVE SR527
CITY ST ZIP	TAFT FL
TITLE	VPD
NAME	STRATES, JAMES E
STREET ADDRESS	10600 S ORNGE AVE SR 527
CITY ST ZIP	TAFT FL
TITLE	AS
NAME	STRATES, SIBYL S
STREET ADDRESS	10600 O ORNGE AVE SR 527
CITY ST ZIP	TAFT FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
(☐ Change ☐ Addition — blank entries 1–6: TITLE, NAME, STREET ADDRESS, 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(c)(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: Sibyl S Strates 1-16-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0063057 CP