

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 # **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**

3. Date Incorporated or Qualified  
**12/18/1984**

3a. Date of Last Report  
**01/17/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-2476694</b>	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
23. Zip Country	28. Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. 25.	29. 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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MAGID, SUSAN STRATES	
STREET ADDRESS	10600 S ORNG AVE SR527	
CITY-STATE-ZIP	TAFT FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BEARD, KENNETH O.	
STREET ADDRESS	10600 S ORNG AVE SR527	
CITY-STATE-ZIP	TAFT FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	STRATES, PHYLLIS R(AST S	
STREET ADDRESS	10600 S ORNG AVE SR527	
CITY-STATE-ZIP	TAFT FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	STRATES, JAMES E	
STREET ADDRESS	10600 S ORNG AVE SR 527	
CITY-STATE-ZIP	TAFT FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	STRATES, SIBYL S	
STREET ADDRESS	10600 O ORNG AVE SR 527	
CITY-STATE-ZIP	TAFT FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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.

SIGNATURE: *Susan Strates Magid* SUSAN STRATES MAGID  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)