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Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 32802-0055**



3. Date Incorporated or Qualified **12/18/1984** 3a. Date of Last Report **01/24/1996**

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 Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **MAGID, SUSAN STRATES**
STREET ADDRESS **10600 S ORNG AVE SR527**
CITY - ST - ZIP **TAFT FL**

TITLE **S** ☒ DELETE

NAME **BEARD, KENNETH O.**
STREET ADDRESS **10600 S ORNG AVE SR527**
CITY - ST - ZIP **TAFT FL**

TITLE **SD** ☐ DELETE

NAME **STRATES, PHYLLIS R(AST S**
STREET ADDRESS **10600 S ORNG AVE SR527**
CITY - ST - ZIP **TAFT FL**

TITLE **VPD** ☐ DELETE

NAME **STRATES, JAMES E**
STREET ADDRESS **10600 S ORNG AVE SR 527**
CITY - ST - ZIP **TAFT FL**

TITLE **AS** ☒ DELETE

NAME **STRATES, SIBYL S**
STREET ADDRESS **10600 O ORNG AVE SR 527**
CITY - ST - ZIP **TAFT FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

S ☐ Change ☒ Addition
Strates, E. Jay
10600 S. Orange Ave.
Taft, FL 32824

A S ☒ Change ☐ Addition
Doremus, Sibyl Strates
10600 S. Orange Ave.
Taft, FL 32824

14. I do 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:

E. Jay Strates
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E. Jay Strates, Secretary 1-17-97

Date

Daytime Phone #

CR2E034 (9/96)