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FILED
Feb 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/18/1984

4. FEI Number

59-2476694

Applied For
Not Applicable

6. 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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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 of agent

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

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

TITLE S
NAME STRATES, E. JAY
STREET ADDRESS 40600 SOUTH ORANGE AVENUE
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 ORNG AVE SR 527
CITY-ST-ZIP TAFT FL

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE AS
1.2 NAME Strates, John E.
1.3 STREET ADDRESS 7120 Lake Ellenor Drive
1.4 CITY-ST-ZIP Orlando, FL 32809

2.1 TITLE S
2.2 NAME Strates, E. Jay
2.3 STREET ADDRESS 7120 Lake Ellenor Drive
2.4 CITY-ST-ZIP Orlando, FL 32809

3.1 TITLE SD
3.2 NAME Strates, Phyllis R.
3.3 STREET ADDRESS 7120 Lake Ellenor Dr.
3.4 CITY-ST-ZIP Orlando, FL 32809

4.1 TITLE VPD
4.2 NAME Strates, James E.
4.3 STREET ADDRESS 7120 Lake Ellenor Drive
4.4 CITY-ST-ZIP Orlando, FL 32809

5.1 TITLE AS
5.2 NAME Doremus, Sibyl Strates
5.3 STREET ADDRESS 7120 Lake Ellenor Drive
5.4 CITY-ST-ZIP Orlando, FL 32809

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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

E. JAY STRATES

SECRETARY

2-5-98

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