

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 20 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M71946 (1)
1. Corporation Name
TAMPA BAY STAGE SERVICES, INC.

Principal Place of Business Mailing Address
4023 N ARMENIA AVE SUITE 300 TAMPA FL 33607 **4023 N ARMENIA AVE SUITE 300 TAMPA FL 33607**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/07/1988	3a. Date of Last Report 10/27/1994
21	22. Suite, Apt. #, etc.		26	4. FEI Number 59-2872227	Applied For Not Applicable
23	27. City & State		27	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
24	25. Zip 33607	28. City & State	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25. Country	29. Zip 33607	30. Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JONES, DAVID L JR 4023 N ARMENIA AVE SUITE 300 TAMPA FL 33607				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECENIA, GREGORY, V	1.2 NAME	
STREET ADDRESS	8803 N GOMEZ AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	1.4 CITY - ST - ZIP	
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALEVEDA, PAUL	2.2 NAME	
STREET ADDRESS	4307 WATROUS AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33629	2.4 CITY - ST - ZIP	
TITLE	DP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCANN, TERRY	3.2 NAME	
STREET ADDRESS	1518 KESTREL WAY	3.3 STREET ADDRESS	
CITY - ST - ZIP	BRANDON FL	3.4 CITY - ST - ZIP	
TITLE	DT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, DAVID L	4.2 NAME	
STREET ADDRESS	1241 FAIRWAY CIR S	4.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETER FL 33705	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, ROBERT	5.2 NAME	
STREET ADDRESS	13331 WHITE OAKS CIR APT F	5.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALEVEDA, MIKE	6.2 NAME	
STREET ADDRESS	5014 SHETLAND AVENUE	6.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	6.4 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 118.07(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: David Jones Tres 4/10/95 813-877-7044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE