

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90053 031 \*\*\*\*61.25

**DOCUMENT # N08230**

1. Corporation Name

**FLORIDA STAGE, INC.**

Principal Place of Business

**262 SOUTH OCEAN BLVD  
MANALAPAN FL 33462**

Mailing Address

**262 SOUTH OCEAN BLVD  
MANALAPAN FL 33462**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

**03/18/1985**

4. FEI Number

**59-2551430**

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

9. Name and Address of Current Registered Agent

**TYRRELL, LOUIS  
4 17TH STREET S  
LAKE WORTH FL 33460**

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 617.0502 and 617.1508, 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 617.0503, 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 ☐ DELETE

NAME **PD  
GILDAN, LAURIE**  
STREET ADDRESS **777 S FLAGLER #310E**  
CITY-ST-ZIP **W PALM BCH FL**

TITLE ☐ DELETE

NAME **VC  
DELUCCIA, MICHAEL**  
STREET ADDRESS **784 US HIGHWAY 1**  
CITY-ST-ZIP **NORTH PALM BEACH FL**

TITLE ☐ DELETE

NAME **S  
PALMER, ADAM**  
STREET ADDRESS **4800 N FEDERAL HWY, SUITE 200E**  
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE

NAME **CEO  
TYRRELL LOUIS**  
STREET ADDRESS **4 17TH ST. S**  
CITY-ST-ZIP **LAKE WORTH FL**

TITLE ☐ DELETE

NAME **T  
STOOPS, JEFF**  
STREET ADDRESS **777 S FLAGLER DR., #500E**  
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE ☐ DELETE

NAME **T  
COYNE, WILEEN**  
STREET ADDRESS **2151 NW 60TH CIRCLE**  
CITY-ST-ZIP **BOCA RATON FL 33496**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**4-28-99**

**561-585-3404**

Date

Daytime Phone #

CR2E037 (11/98)

0045943