NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # N95000004994

THE IMAGINE STAGE COMPANY, INC.

Principal Place of Business 40 NORTHWEST 76TH AVENUE, SUITE 206-1 PLANTATION FL 33324

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

40 NORTHWEST 76TH AVENUE, SUITE 206-1 PLANTATION FL 33324

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90199 013 ****61.25



3. Date Incorporated or Qualifed

10/20/1995

65-0615518

4. FEI Number

| 22 | | Z/ | | | | | | 00 00 100 10 | | | | | |
|---|---------------------------------------|------------|-----------------|------------|---|--|---------------|---------------------------------|------------|----------------------|---|--|--|
| City & State | | | City & State | | | | | 5. Certifcate of Status Desired | <u> </u> | \$8.75 A | | | |
| 23 | | | 28 | | | | | | | | | | |
| Zip | Country | Ц | Zip | Country | У | | | 6. Election Campaign Financi | ng □ | \$5.00 M Added to | | | |
| 24 | 25 | 29 | 30 | 1 | | | | Trust Fund Contribution | Danistand | | 1 | | |
| Name and Address of Current Registered Agent | | | | | | 10. Name and Address of New Registered Agent | | | | | | | |
| | | | | 81 | ۱, | Name | | | | | | | |
| SEELER, JERRY | | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | | | |
| 40 NW 76TH AVENUE | | | | | 83 | | | | | | | | |
| STE. 206-1 | | | | | 3 | | | | | | | | |
| PLANTATION FL 33324 | | | | | 84 City 85 Zip Code | | | | | | | | |
| | | | | | l | | | | <u>FL</u> | | | | |
| 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. | | | | | | | | | | | | | |
| · N/A | | | | | | | | | | | | | |
| SIGNATURE V V Signature, hyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | | | | |
| 12. | OFFICERS AND | DIR | | 13. | | | | | OFFICERS A | | | | |
| TITLE | PD DELETE | | | | | | | 6. 17 00 1 | | (2) Change | Addition | | |
| NAME | ONTOIN, ELETIN III | | | | 1.2 NAME 33 A | | | en GAINSBURG | 7 | | - | | |
| STREET ADDRESS | 40 NORTHWEST 76TH AVENUE, SUITE 206-1 | | | | STREET ADDRESS 1100 SW 74 TEARACO | | | | | | | | |
| CITY-ST-ZIP | PLANTATION FL 33324 | | | 1.4 CITY-5 | st- | ZIP (| Pilan | STATION FL 33 | 317 | | | | |
| ππLE | VD | | P DELETE | 2.1 TMLE | | | | S ATES SCHOOL | | Change | ☐ Addition | | |
| NAME | GARCIA, IDA | | • | 2.2 NAME | = | - 14 | ت ۽ بي | L CAVALANCIA | | | · | | |
| STREET ADDRESS | 40 NORTHWEST 76TH AVENUE, | Sur | TE 206-1 | 2.3 STREE | ETA | | _ | 8 SW of COUR | | | | | |
| CITY-ST-ZIP | PLANTATION FL 33324 | | | 2. 4 CITY- | -ST | -ZiP | rua | WITHTION FL 33 | 317 | | | | |
| TITLE | STD | | ☐ DELETE | 3.1 TITLE | | | | | | Change | ☐ Addition | | |
| NAME | SEEGER, JERRY | | | 3.2 NAME | Ξ | | | | | | | | |
| STREET ADDRESS | 40 NORTHWEST 76TH AVENUE, | SUI | TE-206-1 | -3.3 STREE | ET A | ADDRESS - | | | | | <u>-</u> | | |
| CITY-ST-ZIP | PLANTATION FL 33324 | | | 3.4. CITY- | ST | -ZIP | | | | | T A Jake | | |
| TITLE | | | ☐ DELETE | 4.1 TITLE | • | | \mathcal{D} | | | Change | ☐ Addition | | |
| NAME | | | | 4. 2 NAME | E | [; | وس ج | VA GARCIA | 206-1 | | | | |
| STREET ADDRESS | | | | 4.3 STREE | ET# | ADDRESS / | 40 1 | וש זעש בשום ב | 206 · | | | | |
| CITY-ST-ZIP | | | | 4.4 CITY- | | ZIP | | WIATION FL 33. | 3 14 | CT Chance | C3 Addition | | |
| TITLE | | | ☐ DELETE | 5.1 TITLE | | | 2 | | 044 | Change | Addition | | |
| NAME | | | | 5.2 NAME | | | ピル | BEN FLANAGON- | - HILLEN O | • | | | |
| STREET ADDRESS | | | | | | | | NW 11845 AUG | | | | | |
| CITY-ST-ZIP | | | | 5.4 CITY- | | ZIP (| PLAN | MARION, FL 33. | 3.73 | | TA A JUST | | |
| TITLE | | | ☐ DELETE | 6.1 TITLE | | | · · | | | Change | Addition | | |
| NAME | | | | 6.2 NAME | | | Hor | PAREN PETERSEN | rey | | | | |
| STREET ADDRESS | | | | 6.3 STREI | | AUUNESS | | | | | | | |
| CITY-ST-ZIP | | | | 6.4 CITY- | | | CFres | N SPEINGS FI | | 118 Mar. 1 (1) 4 | | | |
| 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 officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered. ered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in

Applied For

Not Applicable