

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 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90148 001 \*\*\*\*61.25

DOCUMENT # N97000001946

1. Corporation Name

ODYSSEY STAGE CORPORATION

Principal Place of Business

2090 PALM BEACH LAKES BLVD  
SUITE 800  
WEST PALM BEACH FL 33409

Mailing Address

2090 PALM BEACH LAKES BLVD  
SUITE 800  
WEST PALM BEACH FL 33409



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 580 Village Blvd. Suite 160 West Palm Beach, FL 33409	26 580 Village Blvd. Suite 160 West Palm Beach, FL 33409	04/07/1997
22 Zip	27 Country	4. FEI Number
23 33409	28 FL	65-0752526
24	29	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
25	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHILLINGWORTH, CHARLES C  
2090 PALM BEACH LAKES BLVD  
SUITE 800  
WEST PALM BEACH FL 33409

81 Name
82 Jeanne Odom Conway, Esq. (or Acceptable)
83 580 Village Blvd., Suite 160 West Palm Beach, FL 33409
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)

4/29/99  
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAKE, CONSTANCE & KE	1.2 NAME	
STREET ADDRESS	2841 WINDSWEEP DR #201	1.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL 33462	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHILLINGWORTH, CHARLES C	2.2 NAME	Charles C. Chillingworth
STREET ADDRESS	2090 PALM BCH LKS BLVD #800	2.3 STREET ADDRESS	257 Granada Road
CITY-ST-ZIP	W PALM BCH FL 33409	2.4 CITY-ST-ZIP	West Palm Beach, FL 33409
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUPONT, ISRAEL	3.2 NAME	
STREET ADDRESS	619 N FEDERAL HWY #1	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33460	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLESPIE, CHRISTOPHER	4.2 NAME	
STREET ADDRESS	6097 BOCA COLONY DR #1623	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDERMOTT, COLEEN	5.2 NAME	
STREET ADDRESS	% 2090 PALM BCH LKS RD #800	5.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL 33409	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMIDT, DAVID	6.2 NAME	
STREET ADDRESS	% 2090 PALM BCH LKS BLVD #800	6.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL 33409	6.4 CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99  
Date

561-6402000  
Daytime Phone #

CR2E037 (11/98)

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