FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P93000037298**1. Corporation Name

ALL STAGING UNLIMITED, INC.

Principal Place of Business		Mailing Address							
10101 GENERAL DR			200 SOUTH ORANGE AVENUE			•			
ORLANDO FL 32824		SUITE 2300				DO NOT WRITE IN THIS SPACE			
US		Orlando fl. 32801-3432 US				3. Date Incorporated or Qualifed			
		00				05/21/1993			
2. Principal P	face of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		17	Applied For
21		26	26			59-3190036			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			C-different of Ct-to-Depicted		\$8.75	Additional
22		27	27			5. Certifcate of Status Desired	ــــــــــــــــــــــــــــــــــــــ	Fee F	Required
City & State		City & State	City & State			6. Election Campaign Financing		\$5.00	May Be
		28	28			Trust Fund Contribution	<u> </u>	Added	to Fees
Zip	Country	Zip	Count	try		8. This corporation owes the curr			
24	25	29	30			Personal Property Tax.		Pes	□No
	9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New F	egistered A	gent	
	2 22		٤	31 1	Name				İ
	C. CO.		Ι	32	Street Addre	ess (P.O. Box Number is Not Accepta	ble)		
200 S. ORANGE AVE.									,
SUITE 2300			ε	33					
ORL	ANDO FL 32801-3432		8	34 (City			85 Zip	Code
							<u>FL</u> _	oxdot	
office or r	registered agent, or both, in the Si	.0502 and 607.1508, Florida Statute: tate of Florida, Such change was au bligations of, Section 607.0505, Flori	tnonzea i	oy th	named corpo e corporatio	oration submits this statement for the on's board of directors. I hereby accep	purpose of c it the appoint	ment as	registered
SIGNATURE				1 -		d usb are reductation)	DATE		
42	Signature, typed or printed name of registered	S AND DIRECTORS	13.	gent si	Gustria tednilan	ADDITIONS/CHANGES TO OF		DIRECT	ORS IN 12
TITLE	D	DELETE	1.1 TITL	F		7001110110101711102010 07		☐ Change	
	SMITH, JANET C	<u></u>	1.2 NAM						
NAME	2458 SHERBROOKE RD		1.3 STREET		anneee				,
STREET ADDRESS	WINTER PARK FL								ļ
CITY-ST-ZIP	D VINIER FARK FL		1.4 CITY-5 2.1 TITLE		IP			☐ Change	Addition
TITLE	, -	C OCCESE							
NAME	SMITH, DENNIS		2.2 NAME]
STREET ADDRESS	2458 SHERBROOKE RD		2.3 STREE		ſ				}
CITY-ST-ZIP	WINTER PARK FL		2. 4 CIT		ZIP		<u> </u>	☐ Change	Addition
TITLE		DELETE 3.1							- LJ Additon
NAME			3.2 NAM						
STREET ADDRESS			3.3 STR	EET AL	DORESS				
CITY-ST-ZIP			3.4. CIT		ZIP				
TITLE		DELETE	4.1 TITU	E				Change	e
NAME			4, 2 NAA	ΝE					
STREET ADDRESS			4.3 STR	EET A	ODRESS				}
CITY-ST-ZIP			4.4 CITY	/-\$T-Z	SIP .				
TITLE		DELETE	5.1 TITU	E				Change	Addition
NAME			5.2 NAM	ŀΕ		•)
STREET ADDRESS			5.3 STR		ł				}
CITY-ST-ZIP			5.4 CITY		<u>(</u> IP				
TITLE		☐ DELETE	6.1 TITL	F	1				e
NAME		L. Deceie		_				Change	
TO COL		better	6.2 NAM					Change	
STREET ADDRESS		L. Deceie	6.2 NAM 6.3 STR	Œ	ODRESS			Change	

14. I hereby certify that the information supplied with this filling 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 suppliemental 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, with all other like empowered.

SIGNATURE:

FILED

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90143 038 ***150.00