SECOND AMOUNT DUE	NOTICE: CORPORATION WILL B ON OR BEFORE 8/7/96: \$225 (IF DISS	E DISSOLVED ON OR AFTE SOLVED. MINIMUM AMOUNT D	R AUGUST 7.	, 1996. ATE: \$375.)		
PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPA Sandra Secret	FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State DIVISION OF CORPORATIONS			
DOCUN 1. Corporation	MENT # P9400	0018013 (0))			
ON Q	STAGING SERVICES, INC.	·			((88) 68) (13 (2 11) 8 18) 18 40 88 10	31 88 388 0 (1 56) (3 18) 8318 (16 4) (31) (80)
Principal Place	e of Business	Ma.ling Address	······			
14319 WINTERSET DR. 14319 WINTERSET DR. ORLANDO FL 32832 ORLANDO FL 32832			l.			
Principal DI	ace of Business				3. Date Incorporated or Qualified 03/08/1994	3a. Date of Last Report 07/11/1995
2, Principa: Pi. 21] Suite, Apt. 4		2a. Mailing Address 26	_		4. FEI Number 59-3227005	Applied For Not Applicable
22		Suite, Apt #, etc]		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	28				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z ₁ p 24	Country 25	Zip 29	Country 30		8. This corporation has liability for Florida Statutes	intangible tax under s. 199 032. Yes 🔏 No
Dr.	Name and Address of Currer NOHER, DANIEL F	nt Registered Agent	81	Name	10. Name and Address of New Re	gistered Agent
14319 WINTERSET DR.			82	Street Addre	ess (P.O. Box Number is Not Acceptat	ole)
UF	ELANDO FL 32832		83			
			84	City		FL 85 Zip Code
11. Pursuant to office or re	o the provisions of Sections 607.050 gistered agent, or both, in the State	2 and 607.1508, Florida Statu of Florida, Such change was	tes, the above	-named corpo	ration submits this statement for the pin's board of directors. I hereby accept	
agent Lan	n familiar with, and accept the obliga	ations of, Section 607,0505, Fr	lorida Statutes		To book at all oxions Thirties accept	the appointment as registered
	Signature, typed or printed name of registered ago OFFICERS AN		IE Registered Age	nt signature require		DAIL
TITLE	D DELETE 11 TITLE		· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICE	Change Addition	
NAME STREET ADORESS	DONOHER, DANIEL F 14319 WINTERSET DR.		1.2 NAME 1.3 STREET	ADORESS		
CITY-ST-ZIP	ODI ANDO EL COCCO		1.4 CITY-S			
TITLE		DELETE	21 TITLE			Change Addition
NAME STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS			
CITY - ST - ZIP			2 4 CITY - 9	1		
TITLE NAME		DELETE	3 1 TITLE 3 2 NAME			Change Addition
STREET ADDRESS			3.3 STHEET	ADDRESS		
CITY-ST-ZIP			34 CITY-S	ST - Z IP		
TITLE NAME		DELETE 4 1 TITLE 4 2 NAME				Change Addition
STREET ADDRESS			4 3 STREET	ADDRESS		
CITY-ST-ZIP	4.4 CiTy-ST-ZIP		T - ZIP			
TITLE NAME		[] DELETE	5 1 TITLE 5 2 NAME			Change Addition
STREET ADDRESS			5 3 STREET	ADDRESS		
CITY-ST-ZIP		T 1	5 4 CITY - ST - ZIP			
NAME		L DELETE	61 TITLE 62 NAME			Change Addition
STREET ADDRESS			63STAFET	ADDRESS		
CITY-ST-ZIP	Lood furthant the information	I wish a to fine to	64 CITY S	T- ZIP		
made unde	ary manthe information indicated on	inis annual report or supplem or of the corporation or the rec	ental annual re eiver or truster	eport is true an e empowered	y for the exemption stated in Section 1 of accurate and that my signature sha to execute this report as required by C	I have the carry local offect on it
	1000	\$57			President 5/301	101. (402) 202 ccc
SIGNAT	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR	10 70	0.0	Oaybrie Phone #