SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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DOCUMENT #

1. Corporation Name

P95000061738 (7)

ON O STAGING BENTALS, INC.

ON Q STAGING TIENTAES, INC				
Principal Place of Business	Mailing Address			
14319 WINTERSET DRIVE ORLANDO FL 32832	14319 WINTERSET DRIVE ORLANDO FL 32832			
			3. Date Incorporated or Qualified 08/10/1995	3a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address		4, FEI Number 59 - 332 909 7	Applied For Not Applicable
1	Suite, Apt #, etc.		37 338 1017	\$8.75 Additional
Suite, Apt #, etc	27 Suite, Apr. #, etc.		5. Cerblicate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	55.00 May Be
3	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	This corporation has liability for in Florida Statutes	ntangible tax under si 199 032 Yes <b>[X]</b> No
9. Name and Address of Cur		30	10. Name and Address of New Reg	
	Telli riegiaterea Agein	81 Name		
LARKIN, JOHN J		82 Street Add	Daniel F. Donoho	ie)
14319 WINTERSET DRIVE ORLANDO FL 32832		<u></u>	ress (P.O. Box Number is Not Acceptable	· · · · · · · · · · · · · · · · · · ·
UNDAIADO LE 25025		83		
		84 City _	D 4 1	85 Zip Code
		11 6	Irlando	FL (3383)
11. Pursuant to the provisions of Sections 607 office or registered agent or both, in the Stagent. I am families with, any type of the of	0502 and 607.1508, Florida Statutes are of Florida. Such change was au	s, the above-named corp thorized by the corporat	poration submits this statement for the pu tion's board of directors. I hereby accept	the appointment as registered
agent Lam familier with an account the of	gations of, Section 607.0505, Flori	da Statutes		1/20/01
agent rain annual title and a copy and o		, ,		101 (111 41-
SIGNATURE X	Dani	el to Done	oher President	DAIF
SIGNATURE Signature typed or puried name of registeres	Tagent and title if applicable (NOTE	Registered Agent signature requ	oher Prosidos  mod when reinstaing)	DATE CERS AND DIRECTORS IN 12
SIGNATURE Signature typed or a rection of registers:  12. OFFICERS	Dani	el to Done	ADDITIONS/CHANGES TO OFFIC	Change Addition
SIGNATURE  Signature typed or principle of registers:  12. OFFICERS  TITLE President	agent and sile if applicable (NOTE AND DIRECTORS  DELETE	Registered Agent signature requi	ADDITIONS/CHANGES TO OFFIC	Change Addition
SIGNATURE  Signature typed or principle of registers:  12. OFFICERS  TITLE President	agent and sile if applicable (NOTE AND DIRECTORS  DELETE	Registered Agent signature requi	ADDITIONS/CHANGES TO OFFIC	Change Addition
SIGNATURE  Signature typed or principle of registers:  12. OFFICERS  TITLE President	agent and sile if applicable (NOTE AND DIRECTORS  DELETE	Registered Agent signature required in 13.  11 TiTLE  12 NAME	ADDITIONS/CHANGES TO OFFIC	Change Addition
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SIGNATURE  Signature Speed or protect name of requirements  12. OFFICERS  TITLE President July 1  STREET ADDRESS 17319 Wintered  CITY-ST-ZIP Orlando FL 3	or agent and talle if applicable (NOTE AND DIRECTORS DELETE  Dr. ()8 3 )	Registered Agent signature required 13.  11 Tiffle 12 NAME 1.3 STREET ADDRESS 14 CITY - ST - Z/P	ADDITIONS/CHANGES TO OFFIC	Change Addition
SIGNATURE  Signature State of American and Considered  12. OFFICERS  TITLE President  NAME John J. Levkin  STREET ADDRESS 17319 Winterset  City-St-Zip Orlando FL 33  TITLE	or agent and talle if applicable (NOTE AND DIRECTORS DELETE  Dr. ()8 3 )	Registered Agent signature required 13.  11 Title 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZiP 21 Title 22 NAME 23 STREET ADDRESS	ADDITIONS/CHANGES TO OFFIC	Change Addition
SIGNATURE  Signature Signature Speed or a red name of registeres  12. OFFICERS  TITLE President  John J. Larkin  STREET ADDRESS 17319 Winterst  CITY-SI-ZIP Orlando FL 33  TITLE  NAME	ingent and talle if applicable (NOTE AND DIRECTORS  Delete  Dr.  9833	Registered Agent signature required 13.  11 TiTLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2 4 CITY - ST - ZIP	ADDITIONS/CHANGES TO OFFIC	Change Addition  Change Addition
SIGNATURE  Signature Spied or printed name of registere:  12. OFFICERS  TITLE President NAME John J. Larkin 17319 Winterest  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE	or agent and talle if applicable (NOTE AND DIRECTORS DELETE  Dr. ()8 3 )	Registered Agent signature required as 13.  11 Title 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP 21 Title 22 NAME 23 STREET ADDRESS 2 4 CITY - ST - ZIP 31 Title	ADDITIONS/CHANGES TO OFFIC	Change Addition  Change Addition
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SIGNATURE  Signature Signature Speed or protections of registeres  12. OFFICERS  TITLE President  NAME Juhn J. Levikin  17 219 Winteres  TITLE  NAME  SIREET ADDRESS  CITY-ST-ZIP	Tagent and tale if applicable (NOTE AND DIRECTORS  Dr.  DR.  DREETE  DELETE  DELETE	Registered Agent signature regul  13.  11 Title  12 NAME  13 STREET ADDRESS  14 CITY - ST - ZiP  21 Title  22 NAME  23 STREET ADDRESS  24 CITY - ST - ZiP  31 Title  32 NAME  33 STREET ADDRESS  34 CITY - ST - ZiP  41 Title  4.2 NAME  4.3 STREET ADDRESS  34 CITY - ST - ZIP  41 Title  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY - ST - ZIP	ADDITIONS/CHANGES TO OFFIC	Change Addition  Change Addition  Change Addition  Change Addition
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SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  President  President  STREET ADDRESS  CITY-SI-ZIP  TITLE  NAME  SIREET ADDRESS  CITY-SI-ZIP	Tagent and tale if applicable (NOTE AND DIRECTORS  Dr.  S 3)  DELETE  DELETE  DELETE  DELETE	Registered Agent signasture regul  13.  11 Title  12 NAME  13 STREET ADDRESS  14 CITY - ST - ZiP  21 Title  22 NAME  23 STREET ADDRESS  24 CITY - ST - ZiP  31 TITLE  32 NAME  33 STREET ADDRESS  34 CITY - ST - ZiP  41 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY - ST - ZiP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  4.4 CITY - ST - ZiP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  5.4 CITY - ST - ZiP  6.1 TITLE  6.2 NAME	ADDITIONS/CHANGES TO OFFIC	Change Addition  Change Addition  Change Addition  Change Addition  Addition
SIGNATURE  Stockman Syned or Auto-1 name of registroses  12. OFFICERS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Tagent and tale if applicable (NOTE AND DIRECTORS  Dr.  S 3)  DELETE  DELETE  DELETE  DELETE	Registered Agent signesture regul  13.  11 Title  12 NAME  13 STREET ADDRESS  14 CITY - ST - ZiP  21 Title  22 NAME  23 STREET ADDRESS  24 CITY - ST - ZiP  31 TITLE  32 NAME  33 STREET ADDRESS  34 CITY - ST - ZiP  41 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY - ST - ZiP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  4.4 CITY - ST - ZiP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  5.4 CITY - ST - ZiP  6.1 TITLE	ADDITIONS/CHANGES TO OFFIC	Change Addition  Change Addition  Change Addition  Change Addition  Addition

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 636/96 (407) 383-5553