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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**FILED** 

May 14 1997 8:00am

Secretary of State

## DOCUMENT # P96000068211 (7)

MAINSTAY PRODUCTIONS, INC.

Principal Place of Business Mailing Address 7000 NORTHWEST 21 STREET 7000 NORTHWEST 21 STREET SUNFISE FL 33313 SUNRISE FL 33313-3818 3. Date Incorporated or Qualified 3a. Date of Last Report 08/15/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 Yes 30 Florida Statutes ∏ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 AMERILAWYER CHARTERED Name 343 ALMERIA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 607.0505, Florida Statutes **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Hog stored Agent signature required whon reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6) PSTO TITLE DELETE 1.1 TITLE Change \_\_\_\_ Addition WERNER, GREGORY E NAME 1.2 NAME 7000 NORTHWEST 21 STREET STREET ADDRESS 1.3 STREET ADDRESS SUNRISE FL 33313 CITY-ST-ZIP 14 CITY-ST-ZIP TITS F VD DELETE 21 HILE ☐ Change Addition KLEIN, HOWARD A NAME 2.2 NAME 7000 NORTHWEST 21 STREET STREET ADDRESS 2.3 STREET ADDRESS SUNRISE FL 33313 CITY-ST-ZIP 2 4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE ☐ Change Addition BARKLEY, DOUGLAS L NAME 3.2 NAME 7000 NORTHWEST 21 STREET STREET ADDRESS 3.3 STREET ADDRESS SUNRISE FL 33313 CHTY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition MCALHANY, PAUL NAME 4. 2 NAME 7000 NORTHWEST 21 STREET STREET ADDRESS 4.3 STREET ADDRESS SUNRISE FL 33313 CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 THUE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZiP DELETE TITLE 6.1 HILE Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 

14. I do 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 of 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.

6.4 CITY - \$1 - ZIP