PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # POROCO24234

FILED Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90038 019 ***158.75

| 1. Corporatio | TAR STAGES, INC. | <i>,</i> 02. | 7207 | | | | | |
|---|---|--------------|-----------------------|--------|---------------------|---------------|-----|---|
| Principal Place of Business Mailing Address | | | | | | | - | |
| · | | | | | | | , | |
| 812 S DIXIE HWY W POMPANO BEACH FL 33060 POMPANO BEACH FL 33060 | | | | | | | | |
| TOMETHIO DESCRIPTE GOOD | | | | | | | | DO NOT WRITE IN THIS SPACE |
| | | | | | _ | | | 3. Date Incorporated or Qualifed 03/12/1998 |
| 2. Principal Place of Business | | | 2a. Mailing Address | | | | | 4. FEI Number Applied For |
| 21 | | | 26 | | | | | 65-0827570 Not Applicable |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | | 5. Certificate of Status Desired \$8.75 Additional |
| | | | 27 | | | | | T de Requireu |
| City & State | | | City & State | | | | _ | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees |
| Zip | Country | | Zip | | Country | | | 8. This corporation owes the current year Intangible |
| 24 | 25 | 25 29 | | 30 | o | | | Personal Property Tax. Yes KNo |
| Name and Address of Current Registered Agent | | | | | | | | 10. Name and Address of New Registered Agent |
| DIGUNA LABOUA | | | | | | Name | | |
| BISHINS, LARRY V | | | | | 82 | Street Addres | | ss (P.O. Box Number is Not Acceptable) |
| 4548 N FEDERAL HWY | | | | | | | | |
| FORT LAUDERDALE FL 33308 | | | | | | | | |
| | | | | | | 84 City | | FL 85 Zip Code |
| SIGNATURE | Signature typed or printed name of registered age OFFICERS AN | nt and tille | if applicable. (NOTE: | Regist | | | | ration submits this statement for the purpose of changing its registered as board of directors. I hereby accept the appointment as registered |
| TITLE | D | | ☐ DELETE | 1 | .1 TITLE | | P. | STO Change Addition |
| NAME | CLARK, KATHRYN | | | 1.2 NA | | | KA | APHRYN CLARIC |
| STREET ADDRESS | 1 ' | | 1.3 ST | | .3 STREET | ADDRESS | 119 | gyo www yTH MIT |
| CITY-ST-ZIP | PLANTATION FL 33325 | | | 1.4 0 | | -ZIP | 26 | ANTATUM, PL 33323 |
| TITLE | | | ☐ DELETE | 2 | .1 TITLE | | V. | Change Addition |
| NAME | | | | 2 | .2 NAME | | Jo | AN LUM AVE |
| STREET ADDRESS | | | | | | ADDRESS | 119 | 940 1010 917 |
| CITY-ST-ZIP | | | | _ | 4 CITY-S | T-ZIP | PL | APHRYN CLARK GYO NW YTH AND GHANN CLARK GHO NW YTH AND GHON NW YTH AND MATTERN, FL 33325 MATTERN, FL 33325 |
| TITLE | | | ☐ DELETE | 1 | L1 TITLE | | | ☐ Change ☐ Addition |
| NAME | | | | - | 2 NAME | 1 | | |
| STREET ADDRESS | | | | - 1 | | ADDRESS | | |
| CITY-ST-ZIP | | | ☐ DELETE | _ | .4. CITY-S | r-ZIP | | ` Change |
| TITLE | | | | | .1 TITLE | | | |
| NAME | | | | ı | | ADDRESS | | |
| STREET ADDRESS | | | | - 8 | | | | |
| CITY-ST-ZIP TITLE | <u> </u> | | ☐ DELETE | _ | A CRY-ST 3 TITLE | -21- | | ☐ Change ☐ Addition |
| NAME | | | <u> </u> | | 2 NAME | | | · . |
| STREET ADDRESS | | | | 5 | .3 STREET | ADDRESS | | |
| CITY-ST-ZIP | | | | 5 | 4 CITY-ST | -ZIP | | |
| TITLE | | | ☐ DELETE | _ | .1 TITLE | | | Change Addition |
| NAME | | | 3.5 | 6 | 2 NAME | | | |
| STREET ADDRESS | | | | 6 | .3 STREET | ADDRESS | | |
| CITY-ST-ZIP | | | | 6 | .4 CITY-ST | -ZiP | | <u> </u> |

14. 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 of the corporation or the receiver of the 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:

1-25-99 954-785-9111 Date Dayline Phone #