

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S78248** (9)

1. Corporation Name
PRO STAGE, INC.



Principal Place of Business: **4525 VINELAND RD SUITE 208 ORLANDO FL 32811 US**
Mailing Address: **4525 VINELAND RD SUITE 208 ORLANDO FL 32811 US**

3. Date Incorporated or Qualified: **09/06/1991**
3a. Date of Last Report: **05/01/1995**
4. FEE Number: **59-3081788**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
g. Name and Address of Current Registered Agent: **PIPER, TIMOTHY G. 3412 SO. ST LUCIE DR. CASSELBERRY 32707**

10. Name and Address of New Registered Agent: 81, 82, 83, 84, 85
81 Name: _____
82 Street Address (P.O. Box Number is Not Acceptable): _____
83 _____
84 City: _____ FL 85 Zip Code: _____

11. Pursuant to the provisions of Sections 607.0507 and 612.1506, Florida Statutes, 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 607.0506, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIPER, TIMOTHY G.	1.2 NAME	
STREET ADDRESS	3412 SO ST LUCIE DR.	1.3 STREET ADDRESS	
CITY-STATE-ZIP	CASSELBERRY FL	1.4 CITY-STATE-ZIP	
TITLE	DVS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLINGSWORTH, MICHAEL S	2.2 NAME	
STREET ADDRESS	6105 GLENBARR AVE.	2.3 STREET ADDRESS	
CITY-STATE-ZIP	ORLANDO FL	2.4 CITY-STATE-ZIP	
TITLE	DV	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENJAMIN, BERNARD	3.2 NAME	
STREET ADDRESS	1949 BIG BEND DRIVE	3.3 STREET ADDRESS	
CITY-STATE-ZIP	DES PLAINES IL	3.4 CITY-STATE-ZIP	
TITLE	DT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONLEY, GRAHAM	4.2 NAME	
STREET ADDRESS	10501 DELTA PARKWAY	4.3 STREET ADDRESS	
CITY-STATE-ZIP	SHILLER PARK IL	4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(3)(k) 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 person or business authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changes to or deletions of officers and directors.

SIGNATURE: *Timothy G. Piper* **Timothy G. Piper** 4/15/96 407-843-6990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date of Filing Phone #

CR2E034 (12/95)