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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V05339

(9)

5439 BEAUMONT CENTER BLVD.

Mailing Address

STAGESOFT, INC.

Principal Place of Business

5439 BEAUMONT CENTER BLVD.

FILED Apr 14 1997 8:00am Secretary of State

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	4	SUITE 1050 TAMPA FL 33634-5211		3. Date Incorporated or Qualified	3a. Date of Last Report
				01/09/1992	03/04/1996
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
1		26 Cuito Act # oto		59-3100349	Not Applicab
Su'te, Apt. # ⊋	7, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	:	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	njangible tax under s. 199.032,
<u> </u>	25		30		Yes No
,	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Re	gistered Agent
	MORE, J. SCOTT		81 Name		
	BEAUMONT CENTER BLVD.		82 Street	Address (P.O. Box Number is Not Acceptab	le)
	E 1050				
TAMP	PA FL 33634		63		
			84 City		FL 85 Zip Code
1. Pursuant to	a the provisions of Sections 607.05	o02 and 607 1508. Florida Statute	s the above-named	corporation submits this statement for the p	
office or re	egistered agent, or both, in the Stat n familiar with, and accept the obliq	te of Florida. Such change was a	uthorized by the corp	poration's board of directors. I hereby accep	ot the appointment as registered
IGNATURE	Stor ature: typed or per todinarue of registered a	gent and tille if applicable. (NOTE	Registered Agent signature	required when reinstating)	OATE
2.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TLF	P	DELETE	1.1 TITLE		☐ Change ☐ Additi
VME	FENIMORE, J. SCOTT		1.2 NAME		
	FENIMORE, J. SCOTT 113 1ST STREET E. #105		1.2 NAME 1.3 STREET ADDRESS		
TREET ADDRESS					
TY-ST-ZF	113 1ST STREET E. #105	☐ DELETE	1.3 STREET ADDRESS		☐ Change ☐ Additi
TREET ADDRESS TY-SE-ZE TLE AME	113 1ST STREET E. #105 TIERRA VERDE FL V BROCK, JOEL A.		1.3 STREET ADDRESS 1.4 CITY+ST-ZIP		☐ Change ☐ Addit
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REET ACIDRESS TY-SE-Z# TLE MME TREET ACIDRESS TY-SE-ZIP TLE	113 1ST STREET E. #105 TIERRA VERDE FL V BROCK, JOEL A. 5439 BEAUMONT CENTER BI	LVD.	1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP		
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I. 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 or 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 chapted, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4.4.97

813,885,9459

Oavlime Phone