

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

FILED

Jan 23 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P30797 (5)

1. Corporation Name
SAGE DINING SERVICES, INCORPORATED



Principal Place of Business
4 EAST BISHOP'S ROAD
BALTIMORE MD 21218

Mailing Address
P. O. BOX 39147
BALTIMORE MD 21212-6147
US

3. Date Incorporated or Qualified: 08/31/1990
3a. Date of Last Report: 04/23/1996

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	52-1689755		Not Applicable
23	City & State	28	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
24	Zip	29	Zip		<input type="checkbox"/>	
25	Country	30	Country	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
					<input type="checkbox"/>	
				8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DEBBRECHT, LYNNETTE 405 N.W. 44TH TERRACE APT. 104 DEERFIELD BEACH 33442				81	Name: Lee Tripp		
				82	Street Address (P.O. Box Number is Not Acceptable): 2892 Tennis Club Dr		
				83	Apt 102		
				84	City: W. Palm Beach	FL	85
							Zip Code: 33417

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *Lee Tripp* DATE: 1/16/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD RODRIGUEZ, FRANCISCO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4 E. BISHOP'S RD.	1.2 NAME	
STREET ADDRESS	BALTIMORE MD	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	V PENSALFINI, KENNETH G.	2.1 TITLE	V,D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	900 SAGE RD. EAST	2.2 NAME	
STREET ADDRESS	WEST CHESTER PA	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	S RODRIGUEZ, CHRISTINA J.	3.1 TITLE	S,D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4 E. BISHOP'S RD.	3.2 NAME	
STREET ADDRESS	BALTIMORE MD	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	VPD DOWNS, JOHN	4.1 TITLE	V,D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3875 BARACHEL	4.2 NAME	
STREET ADDRESS	YORK PA	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 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 changed or on an attachment with an address.

SIGNATURE: *C. Rodriguez* DATE: 1-10-97 DAYTIME PHONE #: 4108895010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)