


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

**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90036 034 \*\*\*150.00

1204/403

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P30797**  
 1. Corporation Name  
**SAGE DINING SERVICES, INCORPORATED**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>4 EAST BISHOP'S ROAD BALTIMORE MD 21218</b>	Mailing Address <b>P. O. BOX 39147 BALTIMORE MD 21212 US</b>
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3. Date incorporated or Qualified <b>08/31/1990</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>52-1689755</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 Zip Country
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9. Name and Address of Current Registered Agent  
**TRIPP, LEE  
 2892 TENNIS CLUB DR  
 APT 102  
 W PALM BEACH FL 33417**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**22309 SW 66th Ave**  
 83  
 84 City **Boca Raton** FL 85 Zip Code **33428**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, type \_\_\_\_\_ names of registered agent if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PTD <input type="checkbox"/> DELETE
NAME	RODRIGUEZ, FRANCISCO
STREET ADDRESS	4 E. BISHOP'S RD.
CITY-ST-ZIP	BALTIMORE MD
TITLE	VD <input type="checkbox"/> DELETE
NAME	PENSALFINI, KENNETH G.
STREET ADDRESS	900 SAGE RD. EAST
CITY-ST-ZIP	WEST CHESTER PA
TITLE	SD <input type="checkbox"/> DELETE
NAME	RODRIGUEZ, CHRISTINA J.
STREET ADDRESS	4 E. BISHOP'S RD.
CITY-ST-ZIP	BALTIMORE MD
TITLE	VD <input type="checkbox"/> DELETE
NAME	DOWNES, JOHN
STREET ADDRESS	3875 BARACHEL
CITY-ST-ZIP	YORK PA
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE: *Ch Rodriguez* **ALURED** 1-4-99 410 889 5010  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)