

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

FILED
Apr 24 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 # V00300 (6)

1. Corporation Name
SAGO INVESTMENTS, INC.



Principal Place of Business
**6728 MAJOR BLVD
 SUITE 800
 ORLANDO FL 32819
 US**

Mailing Address
**13501 LAKE LUNTZ DRIVE
 WINTER GARDEN FL 34787-5412**

2. Principal Place of Business
21 13501 Lake Luntz Dr.
 Suite, Apt. #, etc.
22 1
 City & State
23 Winter Garden, FL
 Zip
24 34787 Country
25 Orange

2a. Mailing Address
26
 Suite, Apt. #, etc.
27
 City & State
28
 Zip
29 Country
30

3. Date Incorporated or Qualified
12/16/1991

3a. Date of Last Report
04/05/1996

4. FEI Number
59-3102901 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

9. Name and Address of Current Registered Agent
**TARR, SCOTT
 13501 LAKE LUNTZ DRIVE
 WINTER GARDEN FL 34787**

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
FL 85 Zip Code

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TARR, SCOTT R	
STREET ADDRESS	13501 LAKE LUNTZ DR	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	TARR, SUZANNE M	
STREET ADDRESS	13501 LAKE LUNTZ DR	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ROCHE, ROBERT	
STREET ADDRESS	2808 TROPIC COURT	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROCHE, LINDA	
STREET ADDRESS	2808 TROPIC COURT	
CITY-ST-ZIP	WINTER GARDEN FL	
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 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 _____ SIGNATURE REQUIRED *uliel97 402.651.6997*

CR2E034 (9/96)