

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V00300** (6)
1. Corporation Name
SAGO INVESTMENTS, INC.



Principal Place of Business
**13501 LAKE LUNTZ DR
WINTER GARDEN FL 34787
US**

Mailing Address
~~**13501 LAKE LUNTZ DRIVE
WINTER GARDEN FL 34787**~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 P.O. Box 1669 27 Suite, Apt. #, etc. 28 Windermere FL 29 Zip Country 30 34786 1669 US		3. Date Incorporated or Qualified 12/16/1991	
				4. FEI Number 59-3102901	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent TARR, SCOTT 13501 LAKE LUNTZ DRIVE WINTER GARDEN FL 34787		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TARR, SCOTT R	1.2 NAME	
STREET ADDRESS	13501 LAKE LUNTZ DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TARR, SUZANNE M	2.2 NAME	
STREET ADDRESS	13501 LAKE LUNTZ DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROCHE, ROBERT	3.2 NAME	SUZANNE M TARR
STREET ADDRESS	2808 TROPIC COURT	3.3 STREET ADDRESS	13501 LAKE LUNTZ DR
CITY-ST-ZIP	WINTER GARDEN FL	3.4 CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROCHE, LINDA	4.2 NAME	SCOTT R. TARR
STREET ADDRESS	2808 TROPIC COURT	4.3 STREET ADDRESS	13501 LAKE LUNTZ DR
CITY-ST-ZIP	WINTER GARDEN FL	4.4 CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE		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		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 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: **Scott R. Tarr** 4/24/98 (401) 6516977

CR2E034 (10/97)