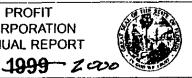
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P9900000038

1. Corporation Name

## **FILED** May 11, 2000 8:00 am Secretary of State

05-11-2000 90315 017 \*\*\*150.00

SAGE ASSET MANAGEMENT, INC.	•			
3,	•			I <b>za</b> nik <b>od</b> ki <b>zanok</b> ki <b>z</b> i kzi idal
Principal Place of Business	Mailing Address	31778 184	-	<b>                                    </b>
PALM HARBOR FL 34683				
			DO NOT WRITE IN TH	IS SPACE
<b>'</b>			3. Date Incorporated or Qualifed 12/31/1998	ډ
2. Principal Place of Business	2a. Malling Address		4. FEI Number	Applied For
21 4625 LIFFLE ROAD	28 930 Wisc	onsin Ave	59-355 9941	Not Applicable
Suito, Apt. II, etc.	Sulte, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	Cite/8 State - /		6. Etection Campaign Financing	\$5.00 мау Ве
23 New foar Kickey FL	28 PALIN HAR		Trust Fund Contribution	Added to Fees
Zip Cofuntry 24 34655 [25]	<sup>Zip</sup> 34603	Country 30	8. This corporation owes the current year	Intangible ∐Yes EINo
24 57055   25   9. Name and Address of Curre		130]	Personal Property Tax.  10. Name and Address of New Registere	<del></del>
		81 Name		
SALEM, ALBERT M III		82 Street Addre	ss (P.O. Box Number is Not Acceptable)	
4600 W. KENNEDY BLVD.		VZ Ollegi Addie	33 (1.0. Box Hamber 13 Hot Acceptable)	
TAMPA FL 33609		83		
	10.0	84 Cily		85 Zip Code
	····	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u> </u>	<del></del> / /
<ol> <li>Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the State</li> </ol>	e of Florida. Such change was a	uthorized by the corporation	ration submits this statement for the purpose n's board of directors. I hereby accept the app	or changing its registered pointment as registered
agent. I am familiar with, and accept the oblig	ations of Section 607.0505, Flo	rida Statutes.		
SIGNATURE Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE	: Registered Agent signature required	when reinstiting) DATE	<del></del>
	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE DSTP	DELETE	1.1 TITLE		Change Addition
NAME PURDY, MICHAEL S	•	1.2 NAME		
STREET ADDRESS \$625 Lirra Kon	10	13 STREET ADDRESS		
STREET ADDRESS 4625 LITTLE ROADINE	y to 38655	14 CITY-ST-ZIP		FTI CO I TA A Minu
l l	/ LI DELETE	2.1 TITLE		Change Addition
NAME		2 2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change [ ] Addition
NAME		3.2 NAME		<del>-</del> .
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3 4. CiTY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE		[] Change [7] Addition
NAME		4 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CHY-ST-ZIP		4.4 CITY-ST-ZIP		
IIIE	: DETELE	5.1 TITLE		[] Change [] Addition
NAME		5.2 NAME	•	
STREET ADDRESS		53 STREET ADDRESS	1v	
CITY-ST-ZIP	[] britte	5.4 CITY-ST-ZIP 6.1 TITLE		Change [] Aridinon
TIRE	D DELETE	6.7 MARE		Themande ("Tanamore
NAME	1,	63 STREET ADDRESS		
STREET ADDRESS	•	6.4 CITY-ST-ZIP		
14. I hereby certify that the information supplied w	rith this filing does not qualify for	the exemption stated in Se	ection 119.07(3)(i), Florida Statutes. ) further of	ertily that the information
indicated on this annual report or supplements	al annual report is true and accu	rate and that my signature :	shall have the same legal effect as if made ur	ider oath; that I am an

officer of director of the corporation or the receiver or trustee appointed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter or or an arbitrary highers, with all other like emogneted.

**SIGNATURE:** 

BIGNATURE AND TYPEY OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR