FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 28 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L20402** **(8)**

1. Corporation Name
GRAHAM SAGE, INC.

Principal Place of Business	Mailing Address
P O BOX 588 NEWTON PA 18940 US	P O BOX 588 NEWTON PA 18940 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/02/1989**
3a. Date of Last Report: **02/09/1994**

2. Principal Place of Business
21: 401 John Anderson Dr.
22: Suite, Apt. #, etc.
23: City & State: Ormond Beach, FL
24: Zip: 32176
25: Country: USA

2a. Mailing Address
26: P.O. Box 1796
27: Suite, Apt. #, etc.
28: City & State: Ormond Beach, FL
29: Zip: 32175
30: Country: USA

4. FEI Number: **65-0151640** ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

8. Name and Address of Current Registered Agent

BERLIT COROPORATE SERVICES, INC.
1428 BRICKELL AVE
SUITE 202
MIAMI FL 33131

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

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE		☒ Change ☐ Addition
NAME	GRAHAM, ART	1.2 NAME		
STREET ADDRESS	~~1004 COLONIAL DRIVE~~	1.3 STREET ADDRESS	401 John Anderson Drive	
CITY-ST-ZIP	~~NEWTOWN PA~~	1.4 CITY-ST-ZIP	Ormond Beach, FL 32176	
TITLE	DT	2.1 TITLE		☒ Change ☐ Addition
NAME	GRAHAM, GREGORY	2.2 NAME		
STREET ADDRESS	~~1004 COLONIAL DRIVE~~	2.3 STREET ADDRESS	401 John Anderson Drive	
CITY-ST-ZIP	~~NEWTOWN PA~~	2.4 CITY-ST-ZIP	Ormond Beach, FL 32176	
TITLE	SD	3.1 TITLE		☒ Change ☐ Addition
NAME	GRAHAM, SEAN	3.2 NAME		
STREET ADDRESS	~~1025 S BEACH ST., #170~~	3.3 STREET ADDRESS	2221 Sandpiper Street	
CITY-ST-ZIP	~~DAYTONA BEACH FL~~	3.4 CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE	ASD	4.1 TITLE		☐ Change ☐ Addition
NAME	GRAHAM, ELIZABETH	4.2 NAME		
STREET ADDRESS	1025 S BEACH ST., #179	4.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and 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: _____ (Treas) Greg Graham 3-22-95 (904-677-4814)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0486400 FN