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FILED
May 12 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 # L20402

(8)

1. Corporation Name
GRAHAM SAGE, INC.



Principal Place of Business

Mailing Address

45 DORMONT DR
ORMOND BEACH FL 32176
US

P.O. BOX 1796
ORMOND BEACH FL 32175-1796
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/02/1989

3a. Date of Last Report

04/23/1996

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

81 Name

Arthur Graham

82 Street Address (P.O. Box Number is Not Acceptable)

45 Dormont Drive

83

84 City

Ormond Beach

FL

85

Zip Code
32176

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

Signature, typed or printed name of registered agent and title if applicable

Arthur Graham, President

04-28-97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME GRAHAM, ART
STREET ADDRESS 45 DORMONT DR
CITY-ST-ZIP ORMOND BEACH FL

DELETE

TITLE DT
NAME GRAHAM, GREGORY
STREET ADDRESS 45 DORMONT DR
CITY-ST-ZIP ORMOND BEACH FL

DELETE

TITLE SD
NAME GRAHAM, SEAN
STREET ADDRESS 45 DORMONT DR
CITY-ST-ZIP TALLAHASSEE FL

DELETE

TITLE ASD
NAME GRAHAM, ELIZABETH
STREET ADDRESS 45 DORMONT DR
CITY-ST-ZIP DAYTONA BEACH FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTSD

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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, typed or printed name of registered agent and title if applicable

4-28-97

804/444, 2003

CR2E034 (9/96)