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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000025667 (5)

## FILED Apr 15 1998 8:00am Secretary of State

SAGER ENTERPRISES OF JAX, INC.  Principal Place of Business Mailing Address														
2312 SARAGOSSA AVE 2312 SARAGOSSA AVE														
JACKSONVILLE FL 32217 JACKSONVILLE FL 32217														
										DO NOT WRITE IN THIS SPACE				
l										3. Date Incorporated or Qualified 04/05/1993				
2.	Principal P	lace of Busin	ness	2a. M:	2a. Mailing Address					4. FEI Number Applied For				
21	r i iricipai r	lace of Busin	1033	$\vdash$	26					59-3176135		<del></del>	ot Applicable	_
! !	Suite, Apt. #, etc.				Suite, Apt. #, etc.								Additional	~
22				27	27				l	5. Certificate of Status Desired			equired	
(	City & State			Cit	City & State				6. Election Campaign Financing		\$5.00	May Be	٦	
23					28				Trust Fund Contribution			·	1	
	Zip	Country Zip				<b>—</b>	Country			8. This corporation owes or has p		ent year in	tangible	1
24		25 29 30  9. Name and Address of Current Registered Agent				30	1			Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent				
<del></del>	9.1	AGER, JEFF		our Hegistere	n Agent		81	Name		10. Hame Bild Address of New No	a Aleraien I	igent.		$\dashv$
ŀ							62						<u> </u>	4
2312 SARAGOSSA AVE JACKSONVILLE FL 32217								Street A	Addres	s (P.O. Box Number is Not Accepta	ble)			Į
ONONO INTICEE TE OLE II								· · ·					<del></del>	7
												12-1 -	<del></del>	_
							84	City			FL	<b>85</b> Zip	Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the							above	-named	corpor	ation submits this statement for the	purpose of	changing i	ts registered	╗
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 coffice 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 appoil agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.												ointment as	registerea	1
l .	NATURE													ł
<u> </u>		Signature, typed	or printed name of registered.					nt signature	beriuper	when reinstating)	DATE OF DO AND	DIDECTO	OC 151 40	-[g
12.		OFFICERS AND DIRECTORS  PVST			DELETE	13.				ADDITIONS/CHANGES TO OFFI	CERS AND	Change	Addition	:- ₹
NAM		SAGER, JEFFREY C			1.2 #			]				O.a.ngo		
[	STREET ADDRESS 2312 SARAGOSSA AVE							ADDRESS						[8
	-ST-ZIP	JACKS	ONVILLE FL 32217			1	CITY-S							
TITLE		D			DELETE	2.11						Change	Addition	70
NAMI	E		, JEFFREY C			2.21	NAME							-
STRE	ET ADDRESS		ARAGOSSA AVE			2.3 9	STREET	ADDRESS						
	-ST-ZIP	JACKS	ONVILLE FL 32217		· · · · · · · · · · · · · · · · · · ·	2.4	CITY-S	T-ZIP		<u> </u>				_
TITLE	1				☐ DELETE	3.1 1		l		*	- 1	∐ Change	Addition	۱,
NAM						3.2 N								}
	ET ADDRESS							ADDRESS						
TITLE	CITY-ST-ZIP				DELETE 4.1			iT-ZIP				Change	Addition	$\dashv$
NAMI					L. DECERC		NAME	Ì						
	STREET ADDRESS					4.3 STREET ADDRES								
1	CITY-ST-ZIP					4.4 CITY-ST-ZIP								
TITLE				DELETE			<u> </u>				Change	Addition	╗	
NAMI					5.2 N/		}							
STRE	ET ADDRESS					5.3 9	STREET	ADDRESS						
CITY	-ST-ZIP			· · · · · · · · · · · · · · · · · · ·		5.4 (	CITY-S	T-ZIP		· · · · · · · · · · · · · · · · · · ·	<del> </del>			
TITLE	E ]				DELETE	6.1 1	ITLE	Ţ	-	-	. —	Change	☐ Addition	۱
HAMI							NAME							
l	ET ADDRESS							ADDRESS						
	CITY-SI-ZIP  14. I hereby certify that the information supplied with this filing does not qualify for the							T-ZIP	d in Pa	action 119.07(3)(i) Florida Statutos	I further co	tifu that the	Information	4
17,	I HOLDINA C	zerniy ular tir	o jimormation supplied	Asia rais midd	Laces not drainly in	אט פווו פא	with	اطالعات عاملا	901136	CHOIL LIBRAY (OXIV) LIGHUA SIAIUIOS.	THE REPORT OF	eny attent the	· « IIOHHADOH	- 1

1. Indeby certify that the information supplied with this liting does not quality for the exemption stated in Section 119.07(3)(). 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 eath; 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 a paddress.

CICNATURE.

1010 (XADDI)

416/28

(904) 733-814K