

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

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Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000069115 (2)
1. Corporation Name
SAGER/JOHNSON CORP.

Principal Place of Business 6129 SW 70TH STREET 2ND FL SOUTH MIAMI FL 33143 US	Mailing Address P O BOX 43-1495 SOUTH MIAMI FL 33243-1495 US
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25

3. Date Incorporated or Qualified 09/30/1993	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0448623	Applied For <input type="checkbox"/> Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**SAGER, BERT
6129 SW 70TH ST
2ND FL
SOUTH MIAMI FL 33143**

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

12. OFFICERS AND DIRECTORS

TITLE P	<input type="checkbox"/> DELETE
NAME SAGER, BERT	
STREET ADDRESS 6129 SW 70TH STREET / PO BOX 43-1495	
CITY-ST-ZIP SOUTH MIAMI FL 33243	
TITLE VP	<input type="checkbox"/> DELETE
NAME JOHNSON, ELWOOD	
STREET ADDRESS 7240 SW 125 ST	
CITY-ST-ZIP MIAMI FL	
TITLE S	<input type="checkbox"/> DELETE
NAME POMERANTZ, WENDY SAGER	
STREET ADDRESS 2075 WINDMILL RANCH RD	
CITY-ST-ZIP FT LAUDERDALE FL 33226	
TITLE D	<input type="checkbox"/> DELETE
NAME SAGER, BERT	
STREET ADDRESS 6129 SW 70TH ST POB 43-1495	
CITY-ST-ZIP SOUTH MIAMI FL	
TITLE D	<input type="checkbox"/> DELETE
NAME JOHNSON, ELWOOD	
STREET ADDRESS 7240 SW 125 ST	
CITY-ST-ZIP MIAMI FL	
TITLE AS	<input type="checkbox"/> DELETE
NAME FREDRIC B. BURNS	
STREET ADDRESS 6129 SW 70 ST	
CITY-ST-ZIP S. MIAMI, FL 33143	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	33243
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1259 FAIRLAKE TR.
3.4 CITY-ST-ZIP	33226
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	AS FREDRIC B BURNS
6.3 STREET ADDRESS	6129 SW 70 ST
6.4 CITY-ST-ZIP	S. MIAMI, FL 33143

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
3-10-97 (305) 661-5053

CR2E034 (9/96)