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Jan 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

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 33143
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/30/1993

4. FEI Number
65-0448623

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAGER, BERT
6129 SW 70TH ST
2ND FL
SOUTH MIAMI FL 33143

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME SAGER, BERT
STREET ADDRESS 6129 SW 70TH STREET / PO BOX 43-1495
CITY-ST-ZIP SOUTH MIAMI FL

TITLE VP ☐ DELETE
NAME JOHNSON, ELWOOD
STREET ADDRESS 7240 SW 125 ST
CITY-ST-ZIP MIAMI FL

TITLE S ☐ DELETE
NAME POMERANTZ, WENDY SAGER
STREET ADDRESS 1259 FAIRLAKE TR
CITY-ST-ZIP FT LAUDERDALE FL

TITLE D ☐ DELETE
NAME SAGER, BERT
STREET ADDRESS 6129 SW 70TH ST POB 43-1495
CITY-ST-ZIP SOUTH MIAMI FL

TITLE D ☐ DELETE
NAME JOHNSON, ELWOOD
STREET ADDRESS 7240 SW 125 ST
CITY-ST-ZIP MIAMI FL

TITLE AS ☐ DELETE
NAME BURNS, FREDRIC
STREET ADDRESS 6129 SW 70 ST
CITY-ST-ZIP S MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: BERT SAGER PRES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1-6-98 (305) 661-5055
Daytime Phone # 0267428

CR2E034 (10/97)