

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 05 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 # P93000082064 (5)

1. Corporation Name

AMERICAN SAGE INTERLINK FINANCIAL INC.

Principal Place of Business

3083 G HERON LAKE DRIVE
KISSIMMEE FL 34741
US

Mailing Address

3083 G HERON LAKE DRIVE
KISSIMMEE FL 34741
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/22/1993		3a. Date of Last Report 02/08/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3213811		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JAY, SUNDEEP J 1372 CINDER LANE KISSIMMEE FL 34744				81 Name Jay, Sundeeep			
				82 Street Address (P.O. Box Number is Not Acceptable) 3083-G Heron Lake Drive			
				83 Kissimmee, FL 34741			
				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	JAY, SUNDEEP J					
NAME		1372 CINDER LANE					
STREET ADDRESS		KISSIMMEE FL					
CITY-ST-ZIP							
TITLE		DELETE					
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE		DELETE					
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE		DELETE					
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE		DELETE					
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
1.1 TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME	Jay, Sundeeep J						
1.3 STREET ADDRESS	3083-G Heron Lake Drive						
1.4 CITY-ST-ZIP	Kissimmee, FL 34741	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.1 TITLE							
2.2 NAME							
2.3 STREET ADDRESS							
2.4 CITY-ST-ZIP							
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME							
3.3 STREET ADDRESS							
3.4 CITY-ST-ZIP							
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 type="checkbox"/> Addition					
6.2 NAME							
6.3 STREET ADDRESS							
6.4 CITY-ST-ZIP							
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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 Required*

8/5/97

CP2E034 (4/97)