FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

DIVISION OF CORPORATIONS DOCUMENT # P94000017860 (5)

SIGNATURE: __

1. Corporation SAGE CI	Name ONSULTING AND	MARKETING	CORPORATION							
Principal Place of	of Business		Mailing Address				I INDIIDAL ELD INNIN OLD IF MAINT DONN I			8 B):(() 88(() 1981
13992 W HILLBOROUGH AVE 13992 W H TAMPA FL 33635 TAMPA FL US US				W HILLSBOROUGH AVE FL 33635						
03						 Date Incorporated or Qualified 03/04/1994 	/1994 05/01/1995			
2. Principal Place of Business			a. Mailing Address			_	4. FEI Number			Applied For
1 16413 Birkdale Drive			12828 Royal George Ave			Ave	59-3191063			Not Applicable
Suite, Apt. #, etc. 2 (Xi) 148: 7 (1997)			Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional Required
City & State			City & State				6. Election Campaign Financing	\$5.00 May Be		
odessa, FL			Odessa, FL				Trust Fund Contribution	Added to Fees		
Zip Country 4 33556 25 USA			2ip 9] 33556	1	untry USA		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes XX No 10. Name and Address of New Registered Agent			
	9, Name and Address	s of Current Re	gistered Agent				10. Name and Address of New F	tegistered	Agent	
					81	^{Name} Ke	ellin, Thomas			
KELLIN, THOMAS					82	Street Adpl	5413°BYYKUBYE DYYVE ^{tal}	ole)		
13992 W HILLSBOROUGH AVE							10413 BILINGIO BLITO			
tampa fl	. 33635				83					
					84	City And	eş \$ a		85 3	3556
			7				//	FL		
SIGNATURE	Signature typical ir pili ted name of	115111	lo if any #carks) (h	OS NOTE Pagistale 134	1	7017	ation submits this statement for the purel of processors. I hereby accept the appropriate of the purel of processors of the purel of th	DATE		
12. TITLE	D	FICENS AND DI	DELETE		TITLE	ʻ	D		(X) Change	
NAME	KELLIN, TOM		L_J DELETE		NAME		Kellin, Tom		ppg-	
STREET ADDRESS	13990 W HILLSBOR	OUGH AVE			STREET AD	DDRESS	16413 Birkdale Drive	a		
CITY-ST-ZIP	TAMP FL 33635	obdit Att		1	CITY-ST-		Odessa, FL 33556	_		
TITLE	178117 12 00000		DELETE		TITLE		VACEBUT ID 33330		☐ Change	Addition
NAME			—	22	NAME					
STREET ADDRESS				23	STREET AS	DDRESS				
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CITY-ST-ZIP		,		34	CHY-ST-	ZIP				
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NAME				4.2	NAME					
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NAME					NAME					
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CITY-ST-ZIP			11.51 February 12.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		CITY-SI-		for the eventation stated in Posting 445	07(2)/(3 5)	orida Ct-t	utoo I further
14. I do hereby certify that oath; that I appears in	y certify that the information the information indicated I am an officer or director Block 12 or Block 13 if o	on supplied with to on this annual re- of the corporation tranged or or har	this ning is voluntarily fur prort or supplemental ar or the receiver or this nattachment with an ac-	irnished and ninus regor teo enipew idi g as	d does t is true vered to	not quality and accura execute th	for the exemption stated in Section 119 ate and that my signature shall have the iis report as required by Chapter 607, F	ייטי (אָנאָ), FI same lega lorida Statu	onua Stat Leffect as tes; and t	utes. I further if made under hat my name

Daytime Phone #