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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000042464 (5) SAGE PROPERTIES, INC.

Principal Place of Business

Mailing Address

FILED May 07 1998 8:00am Secretary of State



1499 S.W. 30TH AVE., SUITE 16 1499 S.W. 30TH AVE., SUITE 16 **BOYNTON BEACH FL 33426 BOYNTON BEACH FL 33426** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/08/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0504811 Not Applicable Suite, Apt. #. etc Suite. Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing **\$5.00** May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes ☐ No 30 Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 Name MACKEY, DAVID E III 1499 S.W. 30TH AVE., SUITE 16 82 Street Address (P.O. Box Number is Not Acceptable) **BOYNTON BEACH FL 33426** 83 84 City 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, typed or printed name of tegistered agent and little if applicable (NOTE Registered Agent signature required when rainstating)

SIGNATURE OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE MACKEY, DAVID III NAME 12 NAME 1499 SW 30TH AVE STE 16 STREET ADDRESS 1.3 STREET ADDRESS **BOYNTON EBACH FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 City-St-ZIP CITY - ST- ZIP DELETE Change Addition 3 1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADORESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change ■ Addition 5.1 TITLE NAME 52 NAME STREET ADDRESS **5 3 STREET ADDRESS** CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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 twistee 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 one attachment with an address.

SIGNATURE:

78/98

CR2E034 (10/97