

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 FEB 14 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000088112 (5)

1. Corporation Name

SAGE CONSULTANTS, INC.

Principal Place of Business

10240 NW 47TH ST
SUNRISE FL 33357

Mailing Address

10240 NW 47TH ST
SUNRISE FL 33357

700001407457
-02/16/95--01013--018
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/06/1994

3a. Date of Last Report

4. FEI Number

650540888

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 10240 NW 47 ST

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite 24

27 City & State

23 SUNRISE FL

28 Zip

24 33357

29 Country

30

9. Name and Address of Current Registered Agent

CANARICK, BERNARD D
177 N PINE ISLAND RD
SUITE 118
PLANTATION FL 33322

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 date of appointment)

(NOTE: Registered Agent signature required when revalidating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY ST ZIP
DP	DALVA, MARLENE	10240 NW 47TH ST	SUNRISE FL 33357
TITLE	NAME	STREET ADDRESS	CITY ST ZIP
TITLE	NAME	STREET ADDRESS	CITY ST ZIP
TITLE	NAME	STREET ADDRESS	CITY ST ZIP
TITLE	NAME	STREET ADDRESS	CITY ST ZIP
TITLE	NAME	STREET ADDRESS	CITY ST ZIP
TITLE	NAME	STREET ADDRESS	CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY ST ZIP
TRANSFER	JUL DALVA	9700 NW 17th STREET	PLANTATION FLORIDA 33322
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY ST ZIP
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY ST ZIP
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY ST ZIP
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY ST ZIP
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY ST ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify 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

2/18/95

305 748 8110