

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 4-16-96

B-3718

DIVISION OF CORPORATIONS

DOCUMENT # P95000067024 (6)

1. Corporation Name

SAGEMONT, CORP.



Principal Place of Business: % LIBO F. FINEBERG, ESQ. 3500 GATEWAY DRIVE, SUITE 201 POMPANO BEACH FL 33069
Mailing Address: % LIBO F. FINEBERG, ESQ. 3500 GATEWAY DRIVE, SUITE 201 POMPANO BEACH FL 33069

3. Date Incorporated or Qualified: 08/29/1995
3a. Date of Last Report: [Blank]
4. FEI Number: 65-0607207
Applied For: [Blank] / 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 has liability for intangible tax under s 199.032, Florida Statutes: Yes No

2. Principal Place of Business: [Blank]
2a. Mailing Address: 499 NW 70th Avenue
Suite, Apt. #, etc.: Suite 106
City & State: Plantation, FL
Zip: 33317
Country: USA

9. Name and Address of Current Registered Agent

FINEBERG, LIBO B ESQ.
3500 GATEWAY DRIVE, SUITE 201
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

81 Name: [Blank]
82 Street Address (P.O. Box Number is Not Acceptable): [Blank]
83 [Blank]
84 City: [Blank] FL 85 Zip Code: [Blank]

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	VTD	<input type="checkbox"/> DELETE
NAME	GOLDMAN, RICHARD M	
STREET ADDRESS	571 SW 7TH AVE.	
CITY - ST - ZIP	FT. LAUDERDALE FL 33301	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GOLDMAN, RENEE K	
STREET ADDRESS	571 SW 7TH AVE.	
CITY - ST - ZIP	FT. LAUDERDALE FL 33301	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GOLDMAN, BRENT	
STREET ADDRESS	571 SW 7TH AVE.	
CITY - ST - ZIP	FT. LAUDERDALE FL 33301	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	FINEBERG, LIBO B	
STREET ADDRESS	3500 GATEWAY DRIVE, SUITE 201	
CITY - ST - ZIP	POMPANO BEACH FL 33069	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	

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)(k), 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: *Renee K. Goldman* Renee K. Goldman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President

2-21-96 954-384-5454
Date Daytime Phone #
SC-4-28-96

CR2E034 (12/95)