## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9600068073 (1)

SAGER INVESTMENTS INC

Principal Plac	o of Rusiness	Mailing A	ddroce			<del> </del>					
•		-	Mailing Address								
SARASOTA FL	AI TRAIL STE 303 34239		3400 S TAMIAMI TRAIL STE 303 SARASOTA FL 34239-8023								
				•				3. Date Incorporated or Qualified 08/15/1996	3a. Da	ite of Last Re	eport
	lace of Business	2a. Mailin	g Address					4. FEI Number		Ap	plied For
21		26						65-0689006		<del></del>	ot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 A	
City & State	e		City & State					6. Election Campaign Financing		\$5.00	May Be
23		28						Trust Fund Contribution		Added I	
Zιρ	Country	Zip	Zip Country				8. This corporation has liability for intangible tax under s. 199.032,				
24	25	29						Florida Statutes Yes No			
	9. Name and Address of Curr	ent Registered	Agent		-			10. Name and Address of New Re	gistered /	\gent	
	NSCH, P C				81	Nam	18				l
3400 S TAMIAMI TRAIL STE 303 SARASOTA FL 34239					82	Stree	at Addre	ess (P.O. Box Number is Not Acceptable)			
JAN.	MOUIN FL 07208				83				<del></del>		
					84	City			FL	<b>85</b> Zip (	Code
11. Pursuant	to the provisions of Sections 607.0	502 and <b>6</b> 07.150	8, Florida State	utes, the a	above	e nami	ed corpo	pration submits this statement for the p	urpose of	changing it	ls registered
office or r agent 1 a	registered agent, or both, in the Sta im familiar with, and accept the obt	ite of Florida, Suc igations of, Secti	ch change was on 607.0505, f	authorize Florida Sta	ed by stutes	/ the c s.	orporatio	pration submits this statement for the pon's board of directors. I hereby accept	ot the app	ointment as	registered
SIGNATURE	Signature, typod or printed name of registered		457	275 6					DATE		
12.		ND DIRECTORS		13.	eo Age	ent signa	ure require	d when reinstating)  ADDITIONS/CHANGES TO OFFIC		DIRECTOR	S IN 12
TITLE	D	IND DIRECTORS	DELETE		ITLE			ADDITIONO/OFFANGES TO OFFIC	ALTO AND	Change	Addition
NAME	SAGER, ROLAND				NAME						
STREET ADDRESS	12105 DIVERSEY AVE					ADDRES	s				
CITY-ST-ZIP	PORT CHARLOTTE FL 33981			1	CITY-S		Ĭ				
TITLE	D		DELETE		TITLE	· · · · · · · · · · · · · · · · · · ·				Change	Addition
NAME	SAGER, BRIGITTE			2.2	NAME						
STREET ADDRESS	12105 DIVERSEY AVE			2.3	STREET	ADDRES	s				
CITY - S1 - ZIP	PORT CHARLOTTE FL 33981	İ				ST-ZIP	1	•			
TITLE			DELETE		TITLE					Change	Addition
NAME				3,2	NAME						
STREET ADDRESS				3.3	STREET	ADDRES	s				
OTY-ST-ZIP				3,4.	CITY-S	ST-ZIP	}				
TITLE			DELETE	4.1	TITLE	·······				Change	Addition
NAME	ļ			4.2	NAME						
STREET ADDRESS				4.3	STREET	ADDRES	s				
CITY-S1-ZIP				4.4	CITY-S	ST-ZIP					
TITLE			DELETE	5.1	TITLE		1			Change	Addition
NAME				5.2	NAME						
STREET ADDRESS				5.3	STREET	ADDRES	s				
CITY - ST - 7IP				5.4	DITY-S	T-ZIP					
TITLE			DELETE	6.1	TITLE					Change	Addition
NAME				6.2	NAME						
STREET ADDRESS				6.3	STREET	ADDRES	s				
CITY-ST-7/P				6.4	CITY - S	ST-ZIP	l				

14. I do hereby certify that the information supplied with this filling 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:

THE ON PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

02/05/97

941-366-9841

**FILED** 

Feb 17 1997 8:00am

Secretary of State