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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P96000068073 (1)

SAGER INVESTMENTS INC.

FILED Apr 07 1998 8:00am Secretary of State

Principal Place of Business		Mailing Address		- 1 10013001 410 50110 BUIL 00144 BOILL BOILL BOIL	IN BIERN ARIAN ONAN KNUBER AAM ANN		
2198 MAIN STREET SARASOTA, FL 34237 US		2198 MAIN STREET SARASOTA, FL 34237 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
9 Principal P	lace of Business	2a. Mailing Address			08/15/1996 4. FEI Number		
21		- F¬ ~	26		.	Applied For	
Suite, Apt. #, etc.			Suite, Apt. #, etc.		65-0689006	Not Applicable	
22			27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28	28		Trust Fund Contribution	Added to Fees	
Zip	Country Z _I p Co		Cour	ntry	8. This corporation owes or has paid the current year Intangible		
24	26	29	30		Personal Property Tax due June 30.	Yes No	
g, Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JAF	NSCH, PETER J			81 Name			
	8 MAIN STREET		82 Street Ad		Idress (P.O. Box Number is Not Acceptable)		
	RASOTA, FL 34237		L				
•	0.0017, 12 04207		[1	83			
			la la	B4 City		85 Zip Code	
				1 '		F1L '	
11. Pursuant to the provisions of Soctions 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 signature requ	ored when reinstating) DA		
12.	D	AND DIRECTORS DELETE	13.	- ···· · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICERS		
NAME	SAGER, ROLAND		1.1 TITU			☐ Change ☐ Addition	
STREET ADDRESS	12105 DIVERSEY AVE		1.2 NAN	i			
	DODE CHARLOTTE EL DOCCA			EFT ADDRESS			
CITY-ST-ZIP TITLE	D			Y-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change Addition	
NAME	ALOED PRIOTEE		2.2 NAM			Li change Li Addition	
STREET ADDRESS	12105 DIVERSEY AVE		2.3 STREET ADDRESS				
CITY-ST-ZIP	PORT CHARLOTTE FL 339	81					
TITLE		DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE			☐ Change ☐ Addition	
NAME			3.2 NAM				
STREET ADDRESS			1	EET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP			
TITLE			4.1 TiTL			☐ Change ☐ Addition	
NAME			4. 2 NA	ME		·	
STREET ADDRESS			4.3 STR	EET ADDRESS			
CITY-ST-ZIP	I I		4.4 CITY	r-St-ZIP			
TITLE		☐ DELETE	5.1 TITL	E		Change Addition	
NAME			5.2 NAN	AE			
STREET ADDRESS			5.3 STR	EET ADDRESS			
CITY-ST-ZIP			5.4 CiTY	(-ST-ZIP			
TITLE			6.1 TITL			Change Addition	
NAME			6.2 NAN	AE :			
STREET ADDRESS			6.3 STR	EET ADDRESS			
CITY-S1-ZIP			6.4 CITY	r-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 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:

2-25-98