PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90013 035 ***150.00

DOCUI	MENT # P96000(070468				
I. Corporation	SAGE, P.A.					
ITENAS	SAGE, F.A.		•	1 (BERCEN) HE LAND BUTH BETH BEHN BERN		1880 (DIC 1881)
	•					
Principal Place	e of Business	Mailing Address			. 9811, 19811 98117 91819 1	
15401 GULF BL	.VD 🌦	15401 GULF BLVD				.~;
MADEIRA BCH	FL 33708	MADEIRA BCH FL 33708				
บร		US		DO NOT WRITE IN	THIS SPACE	
				3. Date Incorporated or Qualifed 08/22/1996		
2. Principal P	lace of Buşiness	2a. Mailing Address	0	4. FEI Number	App	died For
21 4300	Duhme Rd	26 4300 Duhr	ne Rd	59-3397931	No	Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	**************************************	dditional
22 8/0 30	3	27 Sp 3 03		5. Certificate of Status Desired	Fee Re	quired
.City & State	e o		, RA BEACK	6. Election Campaign Financing	\$5.00	May Be :
23 MA 35	ORA BEACH, F	28	FL.	Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country	8. This corporation owes the current ye	ear Intangible	
24 3 3 7	-08 25 USA	29 33 708 3	o USA	Personal Property Tax.	☐ Yes	□No :
	9. Name and Address of Current		<u> </u>	10. Name and Address of New Regis	tered Agent	
			81 Name			
REIS	SMAN, SHANNON		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(D.O. Barahlaria Nat Assestable)		
1540)1 GULF BLVD		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	•	1
MAD	EIRA BEACH FL 33708		83			
	•					
			84 City		FL 85 Zip C	code
		- 1 207 4500 EL 11 OL 14	* * * * * * * * * * * * * * * * * * *	aution cultures this statement for the num		registered
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	2 and 607.1508, Florida Statutes of Florida, Such change was aut	, the above-named corp	note board of directors. I become accept the	annointment as rec	rictored
				on a board of directors. I hereby accept the		Misreien I
office or ragent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Florid	nonzed by the corporational la Statutes.	on's board of directors. Thereby accept the	appointment do ros	gistered
agent. I a	im familiar with, and accept the obligati	ions of, Section 607.0505, Florid	la Statutes.			gistered
office or ragent. I a	m familiar with, and accept the obligati	t and title if applicable. (NOTE: F	la Statutes.	d when reinstating) Di	ATE	
agent. I a	m familiar with, and accept the obligation of the state o	and title if applicable. (NOTE: FD DIRECTORS	tegistered Agent signature require		ATE RS AND DIRECTO	RS IN 12
agent. I a	Signature, typed or printed name of registered agent OFFICERS AND	t and title if applicable. (NOTE: F	la Statutes.	d when reinstating) Di	ATE	
agent. I a SIGNATURE 12.	m familiar with, and accept the obligation of the state o	and title if applicable. (NOTE: FD DIRECTORS	tegistered Agent signature require	d when reinstating) Di	ATE RS AND DIRECTO	RS IN 12
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Agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND D REISSMAN, SHANNON M 112 - 124TH AVENUE	i and title if applicable. (NOTE: F D DIRECTORS	la Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	d when reinstating) Di	RS AND DIRECTO	RS IN 12
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14: I hereby 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE REQUIRED