

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000006211 (1)**
1. Corporation Name

WILLIS F. SAGE, JR., DDS, PA



Principal Place of Business	Mailing Address
28321 S TAMiami TRAIL, SUITE A4 BONITA SPRINGS FL 34134	28321 S TAMiami TRAIL, SUITE A4 BONITA SPRINGS FL 34134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/16/1997	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number 59-3419100	Applied For Not Applicable
22 City & State	27	28 City & State	29	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	24	25 Country	26	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
27	28	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~WESTERFER, LINDA A
4001 TAMiami TRAIL N, SUITE C-6-201
NAPLES FL 34103~~

81 Name	CATHERINE SAGE	
82 Street Address (P.O. Box Number is Not Acceptable)	3771 CRACKER WAY	
83		
84 City	BONITA SPRINGS	85 Zip Code FL 34134

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 Catherine Sage **CATHERINE SAGE** **7/30/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PSD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SAGE, WILLIS F JR			1.2 NAME			
STREET ADDRESS	3771 CRACKER WAY			1.3 STREET ADDRESS			
CITY-ST-ZIP	BONITA SPRINGS FL			1.4 CITY-ST-ZIP			
TITLE	VT	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SAGE, CATHERINE M			2.2 NAME			
STREET ADDRESS	3771 CRACKER WAY			2.3 STREET ADDRESS			
CITY-ST-ZIP	BONITA SPRINGS FL			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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*****150.00**

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.

SIGNATURE Catherine Sage **7/30/98** **94191211197**

CR2E034 (5/98)

WILLIS F. SAGE, JR. D.D.S.
PRACTICE LIMITED TO ORTHODONTICS
28321 S. Tamiami Trail
Building A- Suite 4
Bonita Springs, FL 34134

(941) 947-4497

Pg 2.

RE: PROFIT CORPORATION ANNUAL REPORT 1998

To Whom It May Concern:

Enclosed please find our report and a check to cover the filing fee and the supplemental corporate fee.

We did not file this form because we are a new corporation and we were unaware of the form and the need to file. Adding to this was the fact that neither we nor our registered agent received the form the first time.

I understand that there are no excuses, and I appreciate the waiver of the late fee.

Catherine M Sage
VT