


FILED
Mar 19, 1999 8:00 am
Secretary of State

03-19-1999 90010 027 ***150.00

03-19-1999 90010 028 *****8.75

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000036739					
1. Corporation Name SAGE FINANCIAL SERVICES, INC.					
Principal Place of Business 14508 NETTLECREEK ROAD TAMPA FL 33624			Mailing Address 14508 NETTLECREEK ROAD TAMPA FL 33624		
2. Principal Place of Business 21 14508 NETTLECREEK RD		2a. Mailing Address 26 14508 NETTLECREEK RD		3. Date Incorporated or Qualified 04/22/1998	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-3509729	
City & State 23 TAMPA FL		City & State 28 TAMPA FL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33624		Country 25 HILLSBOROUGH		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5:00 May Be Added to Fees	
9. Name and Address of Current Registered Agent PINES, RICHARD 14508 NETTLECREEK ROAD TAMPA FL 33624		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition					
12.1 TITLE PRESIDENT			13.1 TITLE NO CHANGES		
12.2 NAME RICHARD PINES			13.2 NAME NO CHANGES		
12.3 STREET ADDRESS 14508 NETTLECREEK RD			13.3 STREET ADDRESS NO CHANGES		
12.4 CITY-ST-ZIP TAMPA, FL 33624			13.4 CITY-ST-ZIP NO CHANGES		
12.5 TITLE NO CHANGES			13.5 TITLE NO CHANGES		
12.6 NAME NO CHANGES			13.6 NAME NO CHANGES		
12.7 STREET ADDRESS NO CHANGES			13.7 STREET ADDRESS NO CHANGES		
12.8 CITY-ST-ZIP NO CHANGES			13.8 CITY-ST-ZIP NO CHANGES		
12.9 TITLE NO CHANGES			13.9 TITLE NO CHANGES		
12.10 NAME NO CHANGES			13.10 NAME NO CHANGES		
12.11 STREET ADDRESS NO CHANGES			13.11 STREET ADDRESS NO CHANGES		
12.12 CITY-ST-ZIP NO CHANGES			13.12 CITY-ST-ZIP NO CHANGES		

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 807, 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.

SIGNATURE:

Richard Pines
RICHARD PINES
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/99
2/2/99 - 813 968 5730
 Date Daytime Phone #

Richard Pines 3/30/99

CR2E034 (11/98)