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 # \$88523

(3)

MIAMI FL 33157 US MIAMI FL 33157-5503 US 3. Date incorporated or Qualified 10/21/1991 3a. Date of Last Re 10/21/1991 4. FEI Number 65-0290518 Not Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 27 City & State City & State 28 City & State 29 Country Zip Country Zip Country Apt. # Country B. This corporation has liability for intangible tax under s. Florida Statutes Provide Statutes Not SAGE, FRED L. 9831 BELAIRE DR 18330 FRANJO OFFICE MIAMI FL 33157 B1 Sage FRED L. B2 Street Address (P.O. Box Number is Not Acceptable)							Mailing Address 18330 FRANJO RD.	Mai	TY, INC.	BAY REALT of Business RD.		
2. Principal Place of Business 2. Mining Address 2. Mining Address 3. Date incorporated or Qualified 10/21/1991 10/21/1991 28					1						AMI FL 3315	M
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SAGE, FRED L. 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statule, statules. 12. OFFICERS AND DIFFECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS 13. SAGE, FRED L. 14. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statule, s	199.032,	lax under s. 19	intangible ta	8. This corporation has liability for i		Country	Zip		Country		Zip	
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B831 BELAIRE DR 18330 FRANJO OFFICE MIAMI FL 33157 B84		gent	gistered Ac	10. Name and Address of New Re			gistered Agent	ss of Current Registe	d Address of			
1830 FRANJO OFFICE MIAMI PL 33157 83 84 City FL 85 Zip C 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Floridal Statutos the annex discreption submits his statement for the purpose of changing its office or registered agent, or both, in the State of Floridal Such change was authorized by the corporation's board of directors. I hereby accept the appointment as a gent 1 am familiar with, and accept the obligations of, Section 607.0505, Floridal Statutos. SIGNATURE					Name	81						
### City			ole)	s (P.O. Box Number is Not Acceptab	Street Address	82						
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 officer 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 reagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, tyrind or printed name of trey Micrett agent and title if appointment. MOIL Registrood Agent agentative required when reinstating.						83			rfice			
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 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 a state of Florida Statutes. SIGNATURE Signature: tyred or period name of registered agent and billed applicable. (NOTE Registered Agent algorithm of required when remainding) (NOTE Registered Agent algorithm of remainding) (NOTE Register										MI PL 33157	MIAN	
11. Pursuant to the provisions of Sections 607.0502 and 607.0508, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its originator or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I heroby accept the appointment as a agent. I am lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutos. SIGNATURE Signature, typed or penided mane of registered agent and aller disprisedable. (NOTE Registered Agent signature required when releasability) DATE	ode	85 Zip Cod			City	84						
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14. I do 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 trusted 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

5.4 CITY - \$1 - ZIP

6.3 STREET ADDRESS

6.4 CITY - \$1 - ZIP

61 TITLE

62 NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

DELETE

Change

Addition

FILED

Jul 01 1997 8:00am

Secretary of State