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FILED

Feb 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V30897 (5)

1. Corporation Name
SAGE ADVISORS, INC.

Principal Place of Business

5500 NW 21ST TERRACE
BLDG. #20 WEST OFFICE
FT. LAUDERDALE FL 33309
US

Mailing Address

5500 NW 21ST TERRACE
BLDG. #20 WEST OFFICE
FT. LAUDERDALE FL 33309-2748
US



2. Principal Place of Business

21 3639 SANCTUARY WAY SOUTH

Suite, Apt. #, etc.

22

City & State

23 JACKSONVILLE BEACH FL

Zip

24 32250

Country

25 USA

2a. Mailing Address

26 3639 SANCTUARY WAY SOUTH

Suite, Apt. #, etc.

27

City & State

28 JACKSONVILLE BEACH FL

Zip

29 32250

Country

30 USA

3. Date Incorporated or Qualified
04/21/1992

3a. Date of Last Report
02/07/1996

4. FEI Number
65-0325860

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SMITH, ROBERT
5500 NW 21ST TERRACE
BLDG. #20 WEST OFFICE
FT. LAUDERDALE FL 33309

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

William T. Sweginnis

(NOTE: Registered Agent signature required when reinstating)

2-15-97

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME SWEGINNIS, WILLIAM T.
STREET ADDRESS 3639 SANCTUARY WAY SOUTH
CITY-ST-ZIP JACKSONVILLE BEACH FL

TITLE S ☐ DELETE
NAME SMITH, ROBERT C
STREET ADDRESS 5500 N.W. 21 TER., BLDG. 20, WEST OFFICE
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 this 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:

William T. Sweginnis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM T. SWEGINNIS

2-15-97

904 241 0003

Date Daytime Phone #

CR2E034 (9/96)