

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Jan 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 3639 SANCTUARY WAY SOUTH BLDG. #20 WEST OFFICE JACKSONVILLE BCH FL 32250 US	Mailing Address 3639 SANCTUARY WAY SOUTH BLDG. #20 WEST OFFICE JACKSONVILLE BCH FL 32250 US
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3639 SANCTUARY WAY SOUTH Suite, Apt. #, etc 22 N/A City & State 23 JACKSONVILLE BCH, FL Zip 32250 Country US		2a. Mailing Address 25 3639 SANCTUARY WAY SOUTH Suite, Apt. #, etc 27 N/A City & State 28 JACKSONVILLE BCH, FL Zip 32250 Country US		3. Date Incorporated or Qualified 04/21/1992	
4. FEI Number 65-0325860		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. 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 SMITH, ROBERT 5500 NW 21ST TERRACE BLDG. #20 WEST OFFICE FT. LAUDERDALE FL 33309		10. Name and Address of New Registered Agent 81 Name WILLIAM T SWEGINNIS 82 Street Address (P.O. Box Number is Not Acceptable) 3639 SANCTUARY WAY SOUTH 83 84 City JACKSONVILLE BCH FL 85 Zip Code 32250	
--	--	--	--

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 WILLIAM T SWEGINNIS, PRES. 1-4-98  
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 NAME STREET ADDRESS CITY-ST-ZIP	P SWEGINNIS, WILLIAM T. 3639 SANCTUARY WAY SOUTH JACKSONVILLE BEACH FL S <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SMITH, ROBERT C 5500 N.W. 21 TER., BLDG. 20, WEST OFFICE FT. LAUDERDALE FL 33309 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, upon an attachment with an address.

SIGNATURE: William T Sweginnis WILLIAM T SWEGINNIS  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 1-4-98 904-246-1035

CR2E034 (10/97)