

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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SECRET STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morzum Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P30797 (5)**

1. Corporation Name  
**SAGE DINING SERVICES, INCORPORATED**

Principal Place of Business <b>4 EAST BISHOP'S ROAD                  BALTIMORE MD 21218</b>	Mailing Address <b>4 EAST BISHOP'S ROAD                  BALTIMORE MD 21218</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2b. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		25 <b>P O Box 39147</b>		<b>08/31/1990</b>	<b>06/24/1994</b>
22 Suite, Apt. #, etc		27 Suite, Apt. #, etc		4. FEI Number	Applied For
23 City & State		28 <b>Baltimore MD</b>		<b>52-1689755</b>	Not Applicable
24 Zip		29 <b>21212</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
25 County		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
26		30		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <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	
<b>DEBBRECHT, LYNNETTE                  405 N.W. 44TH TERRACE                  APT. 104                  DEERFIELD BEACH 33442</b>				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	<b>FL</b> 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 \_\_\_\_\_ (Signature of registered agent or officer or director of corporation) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PTD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RODRIGUEZ, FRANCISCO</b>	1.2 NAME	
STREET ADDRESS	<b>4 E. BISHOP'S RD.</b>	1.3 STREET ADDRESS	
CITY, ST, ZIP	<b>BALTIMORE MD</b>	1.4 CITY, ST, ZIP	
TITLE	<b>V</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PENSALFINI, KENNETH G.</b>	2.2 NAME	
STREET ADDRESS	<b>900 SAGE RD. EAST</b>	2.3 STREET ADDRESS	
CITY, ST, ZIP	<b>WEST CHESTER PA</b>	2.4 CITY, ST, ZIP	
TITLE	<b>S</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RODRIGUEZ, CHRISTINA J.</b>	3.2 NAME	
STREET ADDRESS	<b>4 E. BISHOP'S RD.</b>	3.3 STREET ADDRESS	
CITY, ST, ZIP	<b>BALTIMORE MD</b>	3.4 CITY, ST, ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>HIRTLE, ROBERT D.</del>	4.2 NAME	
STREET ADDRESS	<del>14 COUNTRY WAY</del>	4.3 STREET ADDRESS	
CITY, ST, ZIP	<del>MEDFIELD MA</del>	4.4 CITY, ST, ZIP	
TITLE	<b>VP, D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Dawns, John</b>	5.2 NAME	
STREET ADDRESS	<b>3975 Barachel, York, PA</b>	5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		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	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(A), 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 addendum.

SIGNATURE: *[Signature]* 4-10-95  
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR