

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

FILED

Jan 23 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 # P30797 (5)

1. Corporation Name
SAGE DINING SERVICES, INCORPORATED



Principal Place of Business
4 EAST BISHOP'S ROAD
BALTIMORE MD 21218

Mailing Address
P. O. BOX 39147
BALTIMORE MD 21212-6147
US

3. Date Incorporated or Qualified: 08/31/1990
3a. Date of Last Report: 04/23/1996

| | | | | | | |
|----|--------------------------------|----|---------------------|------------|--|--|
| 21 | 2. Principal Place of Business | 26 | 2a. Mailing Address | 4. | FEI Number | Applied For |
| 22 | Suite, Apt. #, etc. | 27 | Suite, Apt. #, etc. | 52-1689755 | | Not Applicable |
| 23 | City & State | 28 | City & State | 5. | Certificate of Status Desired | \$8.75 Additional Fee Required |
| 24 | Zip | 29 | Zip | | <input type="checkbox"/> | |
| 25 | Country | 30 | Country | 6. | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| | | | | | <input type="checkbox"/> | |
| | | | | 8. | This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | | | | | | |
|---|--|--|--|--|---|----|----|-----------------|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | | |
| DEBBRECHT, LYNNETTE 405 N.W. 44TH TERRACE APT. 104 DEERFIELD BEACH 33442 | | | | 81 | Name: Lee Tripp | | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable): 2892 Tennis Club Dr | | | |
| | | | | 83 | Apt 102 | | | |
| | | | | 84 | City: W. Palm Beach | FL | 85 | Zip Code: 33417 |

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: *Lee Tripp* DATE: 1/16/97
Signature typed or printed name of registered agent, if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------|---|--|
| TITLE | PTD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RODRIGUEZ, FRANCISCO | 1.2 NAME | |
| STREET ADDRESS | 4 E. BISHOP'S RD. | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | BALTIMORE MD | 1.4 CITY - ST - ZIP | |
| TITLE | V | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PENSALFINI, KENNETH G. | 2.2 NAME | |
| STREET ADDRESS | 900 SAGE RD. EAST | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | WEST CHESTER PA | 2.4 CITY - ST - ZIP | |
| TITLE | S | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RODRIGUEZ, CHRISTINA J. | 3.2 NAME | |
| STREET ADDRESS | 4 E. BISHOP'S RD. | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | BALTIMORE MD | 3.4 CITY - ST - ZIP | |
| TITLE | VPD | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DOWNS, JOHN | 4.2 NAME | |
| STREET ADDRESS | 3875 BARACHEL | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | YORK PA | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 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 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 or on an attachment with an address.

SIGNATURE: *C. Rodriguez* DATE: 1-10-97 DAYTIME PHONE #: 4108895010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)