FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # L78133 (0)

1. Corporation Name

S A E GROUP, INC.

Principal Place of Business
6421 CONGRESS AVENUE
SUITE 120
BOCA RATON FL 33487-9859

Mailing Address
6421 CONGRESS AVENUE
SUITE 120
BOCA RATON FL 33487-9859

3. Date Incorporated or Qualified: 06/04/1990
3a. Date of Last Report: 01/25/1995
4. FEI Number: 65-0196810 — 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

2. Principal Place of Business
21 403 SE 1st STREET
Suite, Apt. #, etc.
22
City & State
23 DELRAY BEACH, FL
Zip 24 33483 Country 25 PALM BEACH

2a. Mailing Address
26 402 SE 1st STREET
Suite, Apt. #, etc.
27
City & State
28 DELRAY BEACH, FL
Zip 29 33483 Country 30 PALM BEACH

9. Name and Address of Current Registered Agent

DEA, RICHARD F.
3301 HARRINGTON DR
BOCA RATON FL 33496

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 600 SEA SAGE DRIVE
83
84 City DELRAY BEACH FL 85 Zip Code 33483

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	DEA, RICHARD F.	
STREET ADDRESS	3301 HARRINGTON DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	☐ DELETE
NAME	DEA, LINDA C.	
STREET ADDRESS	3301 HARRINGTON DR	
CITY-ST-ZIP	BOCA RATON FL	
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	600 SEA SAGE DRIVE	
1.4 CITY-ST-ZIP	DELRAY BEACH, FL 33483	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	600 SEA SAGE DRIVE	
2.4 CITY-ST-ZIP	DELRAY BEACH, FL 33483	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] RICHARD DEA, PRES. 5/8/96 (407) 997-2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)