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1996 APR -9 PM 12:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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PROFIT CORPORATION  
ANNUAL REPORT  
1996

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

DOCUMENT # P94000054073 (9)  
1. Corporation Name

Saxon Group, Inc.

Principal Place of Business Mailing Address  
101 George King Blvd. 101 George King Blvd,  
Suite #4 Suite #4  
Cape Canaveral, FL 32920 Cape Canaveral, FL 32920

2. Principal Place of Business 2a. Mailing Address  
21 450 Challenger Road 26 450 Challenger Road  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27  
City & State City & State  
23 Cape Canaveral, FL 28 Cape Canaveral, FL  
Zip Country Zip Country  
24 32920 25 USA 29 32920 30 USA

3. Date Incorporated or Qualified 7-21-1994 3a. Date of Last Report 5-01-1995  
4. FEI Number 59-3254975 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

Popp, Gregory A Esq.  
101 George King Blvd., Suite #4  
Cape Canaveral, FL 32920

10. Name and Address of New Registered Agent

81 Name Popp, Gregory A Esq.  
82 Street Address (P.O. Box Number is Not Acceptable) 450 Challenger Road  
83  
84 City Cape Canaveral FL 85 Zip Code 32920

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 as follows: Popp, Gregory A

(P.O. Box Number is Not Acceptable)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	Harding, Neal	101 George King Blvd, Suite 4	Cape Canaveral, FL 32920	<input type="checkbox"/>
D	Straka, Christopher	101 George King Blvd., Suite 4	Cape Canaveral, FL 32920	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
D	Harding, Neal	450 Challenger Road	Cape Canaveral, FL 32920	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Straka, Christopher	450 Challenger Road	Cape Canaveral, FL 32920	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 included 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 its 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 amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Christopher Straka

4/8/96 407-799-4090

DATE DAYTIME PHONE

CR2E034 (12/95)

250  
4/9/96