


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

FILED
Jul 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000046540 (6)
 1. Corporation Name
SAE INDUSTRIES, INC.

Principal Place of Business 5100 TOWN CENTER CIRCLE, SUITE 330 BOCA RATON FL 33486	Mailing Address 5100 TOWN CENTER CIRCLE, SUITE 330 BOCA RATON FL 33486-1008
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2. Principal Place of Business 21 1717 Walnut Hill Lane Suite, Apt. #, etc. 22 S-104 City & State 23 Irving, Texas Zip 24 75038		2a. Mailing Address 26 Same Suite, Apt. #, etc. 27 Same City & State 28 Same Zip 29 Same		3. Date Incorporated or Qualified 06/03/1996		3a. Date of Last Report	
25 USA		30 Same		4. FEI Number 75-2675338		Applied For 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	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent E.H.G. RESIDENT AGENTS, INC. 5100 TOWN CENTER CIRCLE, SUITE 330 BOCA RATON FL 33486				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code FL			

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 reinstalling) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Chairman
STREET ADDRESS		1.3 STREET ADDRESS	Hank Arendt
CITY-ST-ZIP		1.4 CITY-ST-ZIP	6773 Leameadow, Dallas Tx 75248
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Director
STREET ADDRESS		2.3 STREET ADDRESS	Richard Wellman
CITY-ST-ZIP		2.4 CITY-ST-ZIP	6175 N.W.153 St Miami, FL 33014
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Director
STREET ADDRESS		3.3 STREET ADDRESS	Fred Van Acker
CITY-ST-ZIP		3.4 CITY-ST-ZIP	7507 Bradford Pear, Irving Tx 75038
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	President
STREET ADDRESS		4.3 STREET ADDRESS	Fred Van Acker
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Same as Above
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Secretary
STREET ADDRESS		5.3 STREET ADDRESS	Hank Arendt
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Same as Above
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	TREASURER
STREET ADDRESS		6.3 STREET ADDRESS	William Hartman
CITY-ST-ZIP		6.4 CITY-ST-ZIP	6175 N.W.153 St, Miami FL 33014

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 *Hank Arendt* **Hank Arendt - Chairman 7-2-97 972-751-1260**