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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000049725

1. Corporation Name

FILED Mar 12, 1999 8:00 am Secretary of State

03-12-1999 90036 029 ***317.50

SAI ENG	ineering, Inc.						
Principal Place	s of Business	Mailing Address	,		1 19811991 114 19119 \$1111 \$5111 55111	ABILL BIBLE (BILL 198)	1981
68 S. IVANHOE BLVD. 68 S. IVANHOE		68 S. IVANHOE BLVD.					
		ORLANDO FL 32804-6441	6441		DO NOT MINTE IN	TUIC COACE	
					DO NOT WRITE IN 3. Date Incorporated or Qualifed	THIS SPACE	
		•			06/07/1996		
2. Principal Pl	lace of Business	2a. Mailing Address			4, FEI Number) 	plied For
21		26			59-3477541		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22		27		_			
City & State	e	City & State			6. Election Campaign Financing		May Be
23		28		===	Trust Fund Contribution		to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes the current ye	ar intangible Yes	□No
24	25		30		Personal Property Tax. 10. Name and Address of New Registr		
	9. Name and Address of Current	Registered Agent	8	1 Name	IV. Haine and Address of Hear Neglati	o. ou rigoin	
STRO	OLLO, J P		Ľ	1			
	IVANHOE BLVD		8	2 Street Addr	ress (P.O. Box Number is Not Acceptable)		
	ANDO FL 32804-6441		8	3			
			ľ	*			
			8	4 City		FL 85 Zip	Code
office or n	to the provisions of Sections 607.0502 registered agent, or both, in the State or familiar with, and accept the obligations.	if Florida. Such change was at	utnorized b	iv the corporation	poration submits this statement for the purpo on's board of directors. I hereby accept the	appointment as re	egistered
SIGNATURE					ad when reinstating) DA	те	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:		ent signature require	ad when reinstating) DA ADDITIONS/CHANGES TO OFFICER		DRS IN 12
_	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Ag	ent signature require			DRS IN 12
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Ag	ent signature require		RS AND DIRECTO	
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE:	13. 1.1 TITLE	ent signature require		RS AND DIRECTO	
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND D STROLLO, J.P.	and title if applicable. (NOTE:	13. 1.1 TITLE	ent signature require		RS AND DIRECTO	Addition
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND STROLLO, J.P. 777 FRENCH AVE WINTER PARK FL 32789	and title if applicable. (NOTE: D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY	pent signature require E E ET ADDRESS -ST-ZIP		RS AND DIRECTO	Addition
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14. I 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 supplier epital amula port 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 by 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 as attachment with an appears, with all other like empowered.

SIGNATURE:

INTED NAME OF SIGNING OFFICER OR DIRECTOR