

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

97 OCT -8 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # S92083 (2)
1. Corporation Name
SAI/DELTA, INC.

Principal Place of Business
900 HUYLER STREET
TETERBORO NJ 07608

Mailing Address
900 HUYLER STREET
TETERBORO NJ 07608

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 11/05/1991	3a. Date of Last Report 07/26/1996
4. FEI Number 58-1971549	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
JENKINS, JOHN V 488 N.E. 208TH LANE NORTH MIAMI FL 33179		81 Name C T Corporation System	
		82 Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road	
		83	
		84 City Plantation	
		85 Zip Code FL 33324	

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 *Lisa K. Pastor* Lisa K. Pastor Asst. Secretary 9/18/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEVITO, JOHN	1.2 NAME	JOHN T. SMITH
STREET ADDRESS	900 HUYLER STREET	1.3 STREET ADDRESS	690 PORTLAND AVENUE
CITY-ST-ZIP	TETERBORO NJ 07608	1.4 CITY-ST-ZIP	ROCHESTER, NY 14623
TITLE	CO	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOBOZZO, JOSEPH M II	2.2 NAME	FRANK J. DONNELLY
STREET ADDRESS	690 PORTLAND AVENUE	2.3 STREET ADDRESS	900 HUYLER STREET
CITY-ST-ZIP	ROCHESTER NY 14621, 3	2.4 CITY-ST-ZIP	TETERBORO, NJ 07608
TITLE	SO	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JULIAN, MICHAEL	3.2 NAME	200002316532--5
STREET ADDRESS	690 PORTLAND AVENUE	3.3 STREET ADDRESS	-10/09/97--01104--012
CITY-ST-ZIP	ROCHESTER NY 14621, 3	3.4 CITY-ST-ZIP	****550.00 ****550.00
TITLE	ASD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCUSKER, MICHAEL	4.2 NAME	
STREET ADDRESS	690 PORTLAND AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROCHESTER NY 14621, 3	4.4 CITY-ST-ZIP	
TITLE	ASD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGELFRIED, ALFRED	5.2 NAME	
STREET ADDRESS	366 WHITE SPRUCE BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ROCHESTER NY 14623	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	METRICK, MARY	6.2 NAME	
STREET ADDRESS	900 HUYLER STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	TETERBORO NY 07608	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 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 attachment with an address.

SIGNATURE: *Lisa K. Pastor* CURBE P... 9/18/97 (201) 440-...

CR2E034 (4/97)