


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

0003558

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90032 017 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # S92083

1. Corporation Name
SAI/DELTA, INC.



Principal Place of Business 900 HUYLER STREET TETERBORO NJ 07608	Mailing Address 900 HUYLER STREET TETERBORO NJ 07608
--	--

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 11/05/1991	Applied For Not Applicable
4. FEI Number 58-1971549	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	DEVITO, JOHN	
STREET ADDRESS	900 HUYLER STREET	
CITY-ST-ZIP	TETERBORO NJ 07608	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	LOBOZZO, JOSEPH M II	
STREET ADDRESS	690 PORTLAND AVENUE	
CITY-ST-ZIP	ROCHESTER NY 14621	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	JULIAN, MICHAEL	
STREET ADDRESS	690 PORTLAND AVENUE	
CITY-ST-ZIP	ROCHESTER NY 14621	
TITLE	ASD	<input checked="" type="checkbox"/> DELETE
NAME	MCCUSKER, MICHAEL	
STREET ADDRESS	690 PORTLAND AVENUE	
CITY-ST-ZIP	ROCHESTER NY 14621	
TITLE	ASD	<input checked="" type="checkbox"/> DELETE
NAME	ENGFRIED, ALFRED	
STREET ADDRESS	366 WHITE SPRUCE BLVD.	
CITY-ST-ZIP	ROCHESTER NY 14623	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	METRICK, MARY	
STREET ADDRESS	900 HUYLER STREET	
CITY-ST-ZIP	TETERBORO NY 07608	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Douglas Tullio	
1.3 STREET ADDRESS	2722 SO Fairview St	
1.4 CITY-ST-ZIP	Santa Ana, CA 92704	
2.1 TITLE	Director or Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Vette Dunham	
2.3 STREET ADDRESS	2722 SO Fairview St	
2.4 CITY-ST-ZIP	Santa Ana, CA 92704	
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	John Glade	
3.3 STREET ADDRESS	2722 SO Fairview St	
3.4 CITY-ST-ZIP	Santa Ana, CA 92704	
4.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Ed Drohan	
4.3 STREET ADDRESS	900 Huyler St	
4.4 CITY-ST-ZIP	Teterboro, NJ 07608	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 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, with all other like empowered.

SIGNATURE: _____ DATE: 3/16/99 DAYTIME PHONE #: _____

CR2F034 (1/98)