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

PROFIT CORPORATION ANNUAL REPORT

1998

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Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #
1. Corporation Name F9400002369 (6)

HYLAN ELECTRICAL CONTRACTING INC.

FILED Mar 18 1998 8:00am Secretary of State

85

Principal Place of Business Mailing Address		ss	1 .00.000 .000 .000 .000 .000 .000 .000	era tiana trira diere rate saft.		
2878 GULF AVENUE 8TATEN ISLAND NY 10305	2878 GULF AV STATEN ISLAN			DO NOT WRITE IN THIS SPACE		
			 Date incorporated or Qualified 05/09/1994 			
2. Principal Place of Business	2a. Mailing Add	dress	4. FEI Number	Applied For		
n	26		13-3561498	Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc. 27		#, etc.	6. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State	9	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country 25	Zip 29	Country 30	This corporation owes or has paid the cu Personal Property Tax due June 30.	irrent year Intangible Yes No		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent 81 Name			
GAROFALO, ROBERT 1158 NE 182ND ST. NORTH MIAMI BEACH FL 33162			Address (P.O. Box Number is Not Acceptable)			

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

B4 City

	Signature, typed or printed harne of registered agent and liter		F. Registered Agent signature requi		DATE	
12.	OFFICERS AND DIREC		13.	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTOR	
TITLE	P	DELETE	1.1 TITLE		Change	Addition
NAME	DILEO, JOHN S		1.2 NAME		•	
STREET ADDRESS	43 CRANFORD AVE.		1.3 STREET ADDRESS			
CITY-ST-ZIP	STATEN ISLAND NY 10306		1.4 CITY-ST-ZIP			
TITLE	ST	☐ DELETE	2.1 TITLE		Change	☐ Addition
NAME	PATERNO, MICHAEL J		22 NAME			1. 1.
STREET ADDRESS	6 MAPLE AVE.		2.3 STREET ADDRESS			
CITY-SI-ZIP	KATOHAH NY		2. 4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE		☐ Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY - ST - ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
KAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	51 TITLE		☐ Change	Addition Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			·
TITLE		☐ DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			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 supplienental 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 change II, or on an attachment with an address

SIGNATURE: