

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

FILED

May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P40786 (6)
1. Corporation Name
HALL-MARK ELECTRICAL SUPPLIES CORP.

Principal Place of Business 542 WORTMAN AVENUE BROOKLYN NY 11208	Mailing Address 542 WORTMAN AVENUE BROOKLYN NY 11208
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/05/1992	
21		26		4. FEI Number 11-2220762	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	Zip	25	Country	29	30

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P DELOWERY, JOSEPH	1.1 TITLE	VICE CHAIRMAN
NAME	542 WOTMAN AVE.	1.2 NAME	
STREET ADDRESS	BROOKLYN NY	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	AS	2.1 TITLE	
NAME	TANGARI, MARY	2.2 NAME	
STREET ADDRESS	470 PARK AVE S, 11TH FL	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	ZIZZA, SALVATORE J.	3.2 NAME	
STREET ADDRESS	470 PARK AVE SO., 11 FL	3.3 STREET ADDRESS	542 WORTMAN AVE
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	BROOKLYN, NY 11208
TITLE	S	4.1 TITLE	
NAME	BRUNO, ROBERT A	4.2 NAME	PAUL GARABEDIAN
STREET ADDRESS	810 7TH AVENUE	4.3 STREET ADDRESS	542 WORTMAN AVE
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	BROOKLYN, NY 11208
TITLE		5.1 TITLE	PRESIDENT
NAME		5.2 NAME	CHARLES ROSLONOWSKI
STREET ADDRESS		5.3 STREET ADDRESS	542 WORTMAN AVE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	BROOKLYN, NY 11208
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 dictated 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0006687

CR2E034 (10/97)