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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90180 002 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000049737

1. Corporation Name

**SAI ENGINEERING INCORPORATED MECHANICAL AND ELEC
TRICAL GROUP**

Principal Place of Business

Mailing Address

ATTN: MARIA PASLUK
12972 HARBOR DRIVE, SUITE 100
LAKE RIDGE VA 22192-1271

ATTN: MARIA PASLUK
12972 HARBOR DRIVE, SUITE 100
LAKE RIDGE VA 22192-1271

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/07/1996

4. FEI Number

59-3386683

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STROLLO, J P
68 S IVANHOE BLVD
ORLANDO FL 32804-6441**

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STROLLO, J.P.	DUPLICATE
STREET ADDRESS	777 FRENCH AVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	PASLUK, MAURY R	
STREET ADDRESS	15437 BEACHVIEW DR.	
CITY-ST-ZIP	MONTCLAIR VA 22026	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ZITO, DANIEL L	
STREET ADDRESS	12703 TORRINGTON ST.	
CITY-ST-ZIP	LAKE RIDGE VA 22192	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	STROLLO, J. PAT	
STREET ADDRESS	777 FRENCH AVENUE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PASLUK, MARIA J	
STREET ADDRESS	15437 BEACHVIEW DRIVE	
CITY-ST-ZIP	MONTCLAIR VA 22026	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/99 (76) 497-1271
Date Daytime Phone #

CR2E034 (1/98)