

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

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

09-22-1999 90005 018 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F98000001668**

1. Corporation Name
STRATUS SERVICES GROUP, INC.



Principal Place of Business
**500 CRAIG RD. STE 201
 MANALAPAN NJ 07726**

Mailing Address
**500 CRAIG RD. STE 201
 MANALAPAN NJ 07726**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/24/1998

2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		22-3499261	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State		City & State		8. This corporation owes the current year Intangible Personal Property.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

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
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUTKIN, MICHAEL J	1.2 NAME	RUTKIN, MICHAEL J
STREET ADDRESS	15 WILKINSON RD	1.3 STREET ADDRESS	15 WILKINSON RD
CITY-ST-ZIP	RANDOLPH NJ	1.4 CITY-ST-ZIP	RANDOLPH NJ
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAYMOND, J T	2.2 NAME	
STREET ADDRESS	29 CORONET AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LINCROFT NJ	2.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAYMOND, JOSEPH J	3.2 NAME	
STREET ADDRESS	17140 CORAL COVE WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINGSTON, HARRY R	4.2 NAME	
STREET ADDRESS	78-312 BONANZA DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM DESERT CA	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMALTZMAN, MICHAEL	5.2 NAME	MALTZMAN, MICHAEL
STREET ADDRESS	206 MUSKFLOWER CT	5.3 STREET ADDRESS	206 MUSKFLOWER CT
CITY-ST-ZIP	TOMS RIVER NJ	5.4 CITY-ST-ZIP	TOMS RIVER NJ
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	FEIDT, DONALD
STREET ADDRESS		6.3 STREET ADDRESS	13 NORMANDY DR
CITY-ST-ZIP		6.4 CITY-ST-ZIP	WESTFIELD, NJ 07091

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.

SIGNATURE: _____ **9/1/99 (732) 866-0300**

CR2E034 (5/99)