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DOCUMENT # P98000084023									\$9 Nov "	S Run	; • • <u> </u>	
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Principal Place of Business Mailing Address								_				
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DEERFIELD BCH FL 33441 DEERFIELD BCH FL 33441								1	DO NOT WE	ITE IN THIS	SPACE	
								3. Date inco	rporated or Qualifed	1		
2.	Principal Place of Business 2a. Mailing Address							4. FEI Numi	per		f	plied For
21	Suite, Apt. #, etc.			Suite, Apt. #, etc.				· _{{ - · - · - · -	086617			ot Applicable Additional
22	L		27				5, Certifcate	of Status Desired			quired	
23	City & State	r & State City & State							Campaign Financing d Contribution			May Bo to Fees
	Zip	Country Zip				ntry		1	oration owes the cu	ment year Inta	ngible Yes	[]No
24	 	9. Name and Addre		9] gistered Agent	30	Γ			Property Tax. d Address of New	Registered A		UND
SERCHAY, ALLAN							ame					
5310 NW 33RD AVE., #110						82 S	treet Ad	Idress (P.O. Box N	umber is Not Accep	table)		
FT. LAUDERDALE FL 33309						83						
-						84 C	ity			FL	85 Zip	Code
Pursuant to the provisions of Sections 507.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida Such change was authoragent, I am familiar with, and accept the obligations of, Section 607.0505, Florida							med co	orporation submits t	his statement for the	e numose of o	hanging its	registered
}	office or n agent. I as	egistered agent, or both n familiar with, and acc	i, in the State of Fl ept the obligations	orida. Such change w of, Section 607.0505	as authorized , Florida Stat	t by the utes.	corpora	ation's board of dire	ctors, I hereby acce	opt the appoin	iment as re	gistered
5	IGNATURE	Signature, typed or printed name	e of registered agent and	pite it applicable	NOTE: Registered	Agent sign	nature requ	ared when feinstabing)		DATE		
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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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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

CATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/09 354-429-1646

Tru Tech Automation 1717 SW 1ST Way Building 31 Deerfield Beach, FL 33441 United States

Tru Tech Automation

November 4, 1999

Division of Corporations P.O. Box 6327 Tallahassee, FL. 32314

Dear Mr. Scott:

Reference: P98000084023

As we discussed, the initial reply of the letter (see attached) was promptly responded to. Unfortunately it was forwarded to the wrong address and was not received. After being made aware of this via your department's second correspondence concerning this matter. I placed a call into the Division of Corporations immediately and after speaking with one of your representatives. I was assured that by merely resubmitting the form again that the paper work would be processed and that there would be no penalties associated with this dilemma as the payment had already be received and processed.

Per our conversation I am forwarding a copy of the cancelled check (covering the cost of the filing fee and certificate of status) and formal request letter enabling you to put this issue to rest once and for all.

Thank you in advance for your assistance.

Sincerely,

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President