

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 25, 1999 8:00 am  
Secretary of State

03-25-1999 90037 012 \*\*\*158.75

DOCUMENT # V40662

1. Corporation Name  
TRU-TECH GROUP, INC.

Principal Place of Business  
1655 PALM BEACH LAKES BLVD  
#900  
WEST PALM BEACH FL 33401  
US

Mailing Address  
1655 PALM BEACH LAKES BLVD  
#900  
WEST PALM BEACH FL 33401  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1992

4. FEI Number

65-0350478

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

9. Name and Address of Current Registered Agent

WIENER, STEPHE W  
1655 PALM BEACH LAKES BLVD  
STE #900  
WEST PALM BEACH FL 33401

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BLOCH, GILBERT M	
STREET ADDRESS	3349 ST. MALO CT.	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	DVTS	<input type="checkbox"/> DELETE
NAME	BLOCH, GERALD C	
STREET ADDRESS	21 E. 87TH STREET	
CITY-ST-ZIP	NEW YORK NY 10128	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	WEIL, JOSEPH	
STREET ADDRESS	525 EAST 26TH ST.	
CITY-ST-ZIP	LA GRANGE PARK IL	
TITLE	Se	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Treasurer, President, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Vice President - Director	<input checked="" 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	Secretary Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Howard A Wiener	
4.3 STREET ADDRESS	13245 Verdun Dr	
4.4 CITY-ST-ZIP	Palm Beach Gardens FL	
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:

*Howard A Wiener*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
HOWARD A WIENER, SECRETARY

2/22/99

Date

561-775-1970

Daytime Phone #

CR2E034 (11/98)