

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
 Jul 29 1998 8:00am  
 Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000002899 (0)**  
 1. Corporation Name  
**TJG HOLDINGS, INC.**



Principal Place of Business <b>% TGM ASSOCIATES L.P.        650 FIFTH AVE., 28TH FL.        NEW YORK NY 10019</b>	Mailing Address <b>% TGM ASSOCIATES L.P.        650 FIFTH AVE., 28TH FL.        NEW YORK NY 10019</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/11/1996</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>13-3614233</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Zip	30	Country
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 SUITE 105  
 TALLAHASSEE FL 32301-2525**

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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CPAS</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOCHBERG, THOMAS</b>	1.2 NAME	
STREET ADDRESS	<b>650 FIFTH AVE., 28TH FL.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10019</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VAS</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MACY, STEVEN C</b>	2.2 NAME	
STREET ADDRESS	<b>650 FIFTH AVE., 28TH FL.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10019</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VT</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEICHELBECK, PAUL V</b>	3.2 NAME	
STREET ADDRESS	<b>650 FIFTH AVE., 28TH FL.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10019</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VS</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEIN, DIANA</b>	4.2 NAME	
STREET ADDRESS	<b>650 FIFTH AVE., 28TH FL.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VAS</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOCHBERG, LEATRICE</b>	5.2 NAME	
STREET ADDRESS	<b>650 FIFTH AVE., 28TH FL.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10019</b>	5.4 CITY-ST-ZIP	
TITLE	<b>VAS</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOCHBERG, JOHN</b>	6.2 NAME	
STREET ADDRESS	<b>650 FIFTH AVE., 28TH FL.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10019</b>	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.

CR2E034 (5/98)