

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 03, 1999 8:00 am
Secretary of State

03-03-1999 90077 035 ***150.00

DOCUMENT # F96000002899

1. Corporation Name
TJG HOLDINGS, INC.

Principal Place of Business
% TGM ASSOCIATES L.P.
650 FIFTH AVE., 28TH FL.
NEW YORK NY 10019

Mailing Address
% TGM ASSOCIATES L.P.
650 FIFTH AVE., 28TH FL.
NEW YORK NY 10019

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/11/1996

4. FEI Number

13-3614233

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 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

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 CPAS
NAME GOCHBERG, THOMAS
STREET ADDRESS 650 FIFTH AVE., 28TH FL.
CITY-ST-ZIP NEW YORK NY 10019 ☐ DELETE

TITLE VAS
NAME MACY, STEVEN C
STREET ADDRESS 650 FIFTH AVE., 28TH FL.
CITY-ST-ZIP NEW YORK NY 10019 ☒ DELETE

TITLE VT
NAME MEICHELBECK, PAUL V
STREET ADDRESS 650 FIFTH AVE., 28TH FL.
CITY-ST-ZIP NEW YORK NY 10019 ☒ DELETE

TITLE VS
NAME HEIN, DIANA
STREET ADDRESS 650 FIFTH AVE., 28TH FL.
CITY-ST-ZIP NEW YORK NY ☒ DELETE

TITLE VAS
NAME GOCHBERG, LEATRICE
STREET ADDRESS 650 FIFTH AVE., 28TH FL.
CITY-ST-ZIP NEW YORK NY 10019 ☐ DELETE

TITLE VAS
NAME GOCHBERG, JOHN
STREET ADDRESS 650 FIFTH AVE., 28TH FL.
CITY-ST-ZIP NEW YORK NY 10019 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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)(l), 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, or all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR

2/11/99

812-830-9300

Date

Daytime Phone #

CR2E034 (11/98)