


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000107546

1. Entity Name
 FJK-TEE JAY, INC.



| | |
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| Principal Place of Business 240 ROYAL PALM WAY PALM BEACH, FL 33480 US | Mailing Address 10 E 40TH STREET SUITE 2710 NEW YORK, NY 10016 US |
|--|---|

DO NOT WRITE IN THIS SPACE



04202004 No Chg-P CR2E034 (10/03)

| | |
|---|--------------------------------|
| 4. FEI Number 65-0885584 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

KEITEL, III, FREDERICK J
 230 ROYAL PALM WAY #401
 PO BOX 3243
 PALM BEACH, FL 33480

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD KEITEL, III, FREDERICK J 240 ROYAL PALM WAY PALM BEACH, FL 33480 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSTD D'AGOSTINO, THOMAS 118 SEAVIEW AVE PALM BEACH, FL 33480 |
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 04/27/04-80069-011 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Karen Stein, CPA KAREN STEIN 4/22/04 212-679-0380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #