

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

FILED

**Apr 15 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000011169 (5)
1. Corporation Name: **TJR SPORTSWEAR INC.**



Principal Place of Business 2385 NE 173 ST. APT. A-201 NORTH MIAMI BEACH FL 33160	Mailing Address 2385 NE 173 ST. APT. A-201 NORTH MIAMI BEACH FL 33160-4830
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3. Date Incorporated or Qualified 02/01/1996	3a. Date of Last Report
4. FEI Number 65-0520557	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. 18451 NW 24th ST.	26. 18451 NW 24th ST.
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. PMBK PINES FL	28. PMBK PINES FL
24. 33029	29. 33029
25. Country	30. Country

9. Name and Address of Current Registered Agent
**ANIAZOV, SCHLOMO
2385 NE 173 ST. APT. A-201
NORTH MIAMI BEACH FL 33160**

10. Name and Address of New Registered Agent

81. Name ANIAZOV SCHLOMO
82. Street Address (P.O. Box Number is Not Acceptable) 18451 NW 24th ST.
83.
84. City PMBK PINES FL
85. Zip Code 33029

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	ANIAZOV, SCHLOMO	
STREET ADDRESS	2385 NE 173 ST. APT. A-201	
CITY - ST - ZIP	NORTH MIAMI BEACH FL 33160	
TITLE		<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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ANIAZOV, SCHLOMO	
1.3 STREET ADDRESS	18451 NW 24th ST.	
1.4 CITY - ST - ZIP	PMBK PINES FL 33029	
2.1 TITLE		<input 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
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 do 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.

SIGNATURE: _____ DATE: **4/10/97**

CR2E034 (9/96)