

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
 Aug 18 1997 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # F96000002899 (0)  
 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

2. Principal Place of Business (21-24)  
 2a. Mailing Address (25-28)

3. Date Incorporated or Qualified: 06/11/1996  
 3a. Date of Last Report  
 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 or has paid the current year Intangible Personal Property Tax due June 30:  Yes  No

9. Name and Address of Current Registered Agent  
 CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 SUITE 105  
 TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent  
 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                      | NAME                     | 1.1 TITLE   | 1.2 NAME                          |
| CPAS                       | GOCHBERG, THOMAS         | <input type="checkbox"/> Change                       | <input type="checkbox"/> Addition |
| STREET ADDRESS             | 650 FIFTH AVE., 28TH FL. | 1.3 STREET ADDRESS                                    |                                   |
| CITY-ST-ZIP                | NEW YORK NY 10019        | 1.4 CITY-ST-ZIP                                       |                                   |
| VT                         | MEICHELBECK, PAUL V      | <input type="checkbox"/> Change                       | <input type="checkbox"/> Addition |
| STREET ADDRESS             | 650 FIFTH AVE., 28TH FL. | 2.1 TITLE   |                                   |
| CITY-ST-ZIP                | NEW YORK NY 10019        | 2.2 NAME  |                                   |
| VS                         | MCFARLAND, DIANA         | <input checked="" type="checkbox"/> Change            | <input type="checkbox"/> Addition |
| STREET ADDRESS             | 650 FIFTH AVE., 28TH FL. | 2.3 STREET ADDRESS                                    |                                   |
| CITY-ST-ZIP                | NEW YORK NY 10019        | 2.4 CITY-ST-ZIP                                       |                                   |
| VS                         | GOCHBERG, LEATRICE       | <input type="checkbox"/> Change                       | <input type="checkbox"/> Addition |
| STREET ADDRESS             | 650 FIFTH AVE., 28TH FL. | 3.1 TITLE   |                                   |
| CITY-ST-ZIP                | NEW YORK NY 10019        | 3.2 NAME  |                                   |
| VS                         | GOCHBERG, JOHN           | <input type="checkbox"/> Change                       | <input type="checkbox"/> Addition |
| STREET ADDRESS             | 650 FIFTH AVE., 28TH FL. | 3.3 STREET ADDRESS                                    |                                   |
| CITY-ST-ZIP                | NEW YORK NY 10019        | 3.4 CITY-ST-ZIP                                       |                                   |

|             |                    |  |
|-------------|--------------------|--|
| HEIN, DIANA | 4.1 TITLE          |  |
|             | 4.2 NAME           |  |
|             | 4.3 STREET ADDRESS |  |
|             | 4.4 CITY-ST-ZIP    |  |
|             | 5.1 TITLE          |  |
|             | 5.2 NAME           |  |
|             | 5.3 STREET ADDRESS |  |
|             | 5.4 CITY-ST-ZIP    |  |
|             | 6.1 TITLE          |  |
|             | 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 registered or trustee employee, 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 in the statement with an address.

SIGNATURE: \_\_\_\_\_

CR2E034 (4/97)