

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

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Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90077 035 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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]*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CPAS	<input type="checkbox"/> DELETE
NAME	GOCHBERG, THOMAS	
STREET ADDRESS	650 FIFTH AVE., 28TH FL.	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	VAS	<input checked="" type="checkbox"/> DELETE
NAME	MACY, STEVEN C	
STREET ADDRESS	650 FIFTH AVE., 28TH FL.	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	MEICHELBECK, PAUL V	
STREET ADDRESS	650 FIFTH AVE., 28TH FL.	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	HEIN, DIANA	
STREET ADDRESS	650 FIFTH AVE., 28TH FL.	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	GOCHBERG, LEATRICE	
STREET ADDRESS	650 FIFTH AVE., 28TH FL.	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	GOCHBERG, JOHN	
STREET ADDRESS	650 FIFTH AVE., 28TH FL.	
CITY-ST-ZIP	NEW YORK NY 10019	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR

2/11/99

812-930-9300
 Daytime Phone #

CR2E034 (1/98)