

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J25911 (5)

1. Corporation Name

TYJ, INC.



Principal Place of Business

% BARBARA PALAZZI
8511 S. FEDERAL HWY
PORT ST LUCIE FL 34952

Mailing Address

% BARBARA PALAZZI
8511 S. FEDERAL HWY
PORT ST LUCIE FL 34952

3. Date Incorporated or Qualified
07/25/1986

3a. Date of Last Report
04/21/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2711611

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 has liability for intangible tax under s. 190.012,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PALAZZI, BARBARA
8511 S. FEDERAL HWY
PORT ST LUCIE FL 33452

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

X Barbara Palazzi

(NOTE: Registered Agent signature required when reappointing)

(Date)

X 4/15/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 NAME
PALAZZI, BARBARA
1447 SE GRAPELAND AVE.
PORT ST. LUCIE FL

2 NAME
PALAZZI, RALPH
1447 SE GRAPELAND AVE.
PORT ST. LUCIE FL

3 NAME
[Blank]

4 NAME
[Blank]

5 NAME
[Blank]

6 NAME
[Blank]

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

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***200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

X Barbara Palazzi

(PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

X 4/15/96

407-878-8501

CR3E034 (12-95)