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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name J25911

TYJ, INC.

	•								
Principal Place	e of Business	Mailing Addres	8				OLIODA DADO BIDA I		MIN MEMERINAN
C/O BEVERLY I		C/O BEVERLY LARSON							
8511 S. FEDER/	AL HWY	8511 S. FEDERAL HWY			DO NOT WRITE IN THIS SPACE				
PORT ST LUCIE FL 34952 PORT ST LUCIE FL 34952			FL 34952			Date Incorporated or Qualifed	E IN THIS SE	ACL	
US		03				07/25/1986			
2 Principal Pl	ace of Business	2a. Mailing Add	tress			4. FEI Number		Apo	olied For
<del></del> '	ace or business	26				59-2711611		H .,	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #	#, etc.					8.75 A	dditional
22		27			5. Certifcate of Status Desired		Fee Rec	uired	
City & State		City & State			6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution		Added to	Fees
Zip	Country	Zip		ountry		8. This corporation owes the curre			
24	25]	29	30			Personal Property Tax.			□No
	9. Name and Address of Curre	nt Registered Agent	<u> </u>	81	Name	10. Name and Address of New R	edizretan wâ	anı.	
RE\/E	EDIVIADSEN			• •	Name	<u></u>			
BEVERLY LARSEN 8511 S FEDERAL HWY				82	Street Add	ress (P.O. Box Number is Not Accepta	ble)		ļ
	T ST. LUCIE FL 34952			83					
	D 250777 541 757	a see war anna anna an mad assenti			Section with the second	والماعومات فالأوال الماسا فلادا المعد ماكم الدام والدار الماسود	a 1, -10 - 40 10-00		
			Terk Start	84	fCity 55 to		FL	35 Zip C	ode
11 Purcuent	to the provisions of Sections 607.05	02 and 607 1508 Flo	rida Statutes the	above	named corr	poration submits this statement for the	numose of cha	naina its	registered
office or re	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such cha	nge was authoriz	ed by	the corporati	on's board of directors. I hereby accep	t the appointm	ent as reg	jistered` 1
•	m ramiliar with, and accept the oblig	ations of, Section 607	.0305, Florida Si	ialules.					ľ
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable.	(NOTE: Registe	red Agen	t signature require	ed when reinstating)	DATE		
12.	OFFICERS A	ND DIDECTORS	1						
TITLE				3.		ADDITIONS/CHANGES TO OFF			
	P			3. I TITLE	. ~.	ADDITIONS/CHANGES TO OFF		OIRECTO	RS IN 12
NAME	LARSEN, BEVERLY		DELETE 1.1		· ***	ADDITIONS/CHANGES TO OFF			
NAME STREET ADDRESS	LARSEN, BEVERLY CARNATION RD		DELETE 1.1	I TITLE 2 NAME	ADDRESS	ADDITIONS/CHANGES TO OFF			
1	LARSEN, BEVERLY		DELETE 1.1 12 1.3 1.4	I TITLE 2 NAME 3 STREET 4 CITY-ST	ADDRESS	ADDITIONS/CHANGES TO OF	E	] Change	Addition
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14. I 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 changes, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 C/TY-ST-Z!P

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP