

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000040828 1. Corporation Name TJTM ASSOCIATES, INC.			
Principal Place of Business 416 Flamingo Ave. Stuart, FL 34996		Mailing Address 416 Flamingo Ave. Stuart, FL 34996	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 05/27/93		4. FEI Number 65-0413006	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☐ No		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 N. DEAN KOHL, JR. 50 SE KINDRED STREET SUITE 107 STUART, FL 34996		10. Name and Address of New Registered Agent 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: _____ (INCITE: Registered Agent Signature required if whole, consisting) _____ DATE: _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	Helfman, Howard	12 NAME	
STREET ADDRESS	500 E. Osceola St.	13 STREET ADDRESS	
CITY-ST-ZIP	Stuart, FL 34994	14 CITY-ST-ZIP	
TITLE	D ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	Cotler, Robert P.	22 NAME	
STREET ADDRESS	500 E. Osceola St.	23 STREET ADDRESS	
CITY-ST-ZIP	Stuart, FL 34994	24 CITY-ST-ZIP	
TITLE	D ☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	Sabin, Charles H.	32 NAME	
STREET ADDRESS	416 Flamingo Ave.	33 STREET ADDRESS	
CITY-ST-ZIP	Stuart, FL 34996	34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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. I changed, or on an attachment with an address		500002520835 -05/12/98--01088--016 ***150.00	
SIGNATURE: <i>Charles H. Sabin</i> - CHARLES H. SABIN		4/28/98	

CR2E034 (10/97)