FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR 22 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000045380 (1)**

1. Corporation Name
PJT, INC.

Principal Place of Business	Mailing Address
1451 W CYPRESS CREEK RD CROWN CENTER, STE 300 FT LAUDERDALE FL 33309 US	9107 GAITHER RD MEZZANINE LEVEL GAITHERSBURG MD 20877 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 4800 N.W. 2nd Avenue	2a. Mailing Address 26 4800 N.W. 2nd Avenue
Suite, Apt. #, etc. 22 The Plaza - Suite 2	Suite, Apt. #, etc. 27 The Plaza - Suite 2
City & State 23 Boca Raton, FL	City & State 28 Boca Raton, FL
Zip / Country 24 33431 / 25 U.S.A.	Zip / Country 29 33431 / 30 U.S.A.

3. Date Incorporated or Qualified 06/28/1993	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0419488	☐ 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. 199.032, Florida Statutes ☑ Yes ☐ No	

9. Name and Address of Current Registered Agent

TSAKANIKAS, PETER J
3080 N COURSE DR
BUILDING 51 # 108
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

81 Name: Tsakanikas, Peter J.
82 Street Address (P.O. Box Number is Not Acceptable): 4800 N.W. 2nd Avenue
83 The Plaza - Suite 2
84 City: Boca Raton FL 85 Zip Code: 33431

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	1.1 TITLE	PTD	☒ Change ☐ Addition
NAME	TSAKANIKAS, PETER J	1.2 NAME	Tsakanikas, Peter J.	
STREET ADDRESS	3080 N COURSE DR BLDG 51 #108	1.3 STREET ADDRESS	4800 N.W. 2nd Avenue, Suite2	
CITY-ST-ZIP	POMPANO BEACH FL 33069	1.4 CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE	VSD	2.1 TITLE	D	☒ Change ☐ Addition
NAME	JAMES, BETTY	2.2 NAME	James, Betty	
STREET ADDRESS	6417 MANOR VIEW DR	2.3 STREET ADDRESS	6417 Manor View Dr.	
CITY-ST-ZIP	LAYTONSVILLE MD	2.4 CITY-ST-ZIP	Laytonsville, MD 20882	
TITLE		3.1 TITLE	DVS	☐ Change ☒ Addition
NAME		3.2 NAME	Thomas, Robert L.	
STREET ADDRESS		3.3 STREET ADDRESS	17265 Lake Park Rd.	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE		4.1 TITLE	S	☐ Change ☒ Addition
NAME		4.2 NAME	Lisa Meyer	
STREET ADDRESS		4.3 STREET ADDRESS	1605 Crest Drive	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Lake Worth, FL 33461	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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 changed, or on an attachment with an address.

SIGNATURE: _____ Peter J. Tsakanikas 03/16/95 407-998-0060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0474020 FP