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 # **P93000045380 (1)**

1. Corporation Name

PJT, INC.

Principal Place of Business	Mailing Address
4800 NW 2ND AVENUE THE PLAZA, SUITE 2 BOCA RATON F 33431 US	4800 NW 2ND AVENUE THE PLAZA, SUITE 2 BOCA RATON FL 33431 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **06/28/1993**

3a. Date of Last Report: **03/22/1995**

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
4800 NW 2ND AVENUE
THE PLAZA, SUITE 2
BOCA RATON FL 33431

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 607.1505, 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. Said 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 of New Registered Agent, if changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	TSAKANIKAS, PETER J		1.2 NAME	
STREET ADDRESS	4800 NW 2ND AVENUE, SUITE 2		1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	JAMES, BETTY		2.2 NAME	
STREET ADDRESS	6417 MANOR VIEW DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	LAYTONSVILLE MD		2.4 CITY-ST-ZIP	
TITLE	DVS	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	THOMAS, ROBERT L.		3.2 NAME	
STREET ADDRESS	17265 LAKE PARK ROAD		3.3 STREET ADDRESS	4800 NW BOCA RATON BLVD SUITE 2
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	S	☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MEYER, LISA		4.2 NAME	
STREET ADDRESS	1605 CREST DR.		4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH F		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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 MARCH 1, 1996 407-998-0060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number