

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

**FILED**

**Jan 29 1997 8:00am**  
**Secretary of State**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # P93000088513 (5)**

1. Corporation Name  
**T.J.W. INC.**



Principal Place of Business

**C/O PETER A PORTLEY ESQUIRE  
2401 E ATLANTIC BLVD SUITE 410  
POMPANO BEACH FL 33062**

Mailing Address

**C/O PETER A PORTLEY ESQUIRE  
2401 E ATLANTIC BLVD SUITE 410  
POMPANO BEACH FL 33062-5286**

<b>3. Date Incorporated or Qualified</b> 12/29/1993	<b>3a. Date of Last Report</b> 05/29/1996
<b>4. FEI Number</b> 65-0460967	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

**2. Principal Place of Business**

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**25** Country

**2a. Mailing Address**

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**30** Country

**9. Name and Address of Current Registered Agent**

**PORTLEY, PETER A ESQUIRE  
2401 EAST ATLANTIC BLVD.  
SUITE 410  
POMPANO BEACH FL 33062**

**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

Signature typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

**TITLE** **D**  
**NAME** **WILSON, TROY J**  
**STREET ADDRESS** **2401 E ATLANTIC BLVD SUITE 410**  
**CITY - ST - ZIP** **POMPANO BEACH FL 33062**

☐ DELETE

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

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

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

☐ DELETE

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

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

☐ DELETE

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

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

☐ DELETE

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

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

☐ DELETE

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

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

☐ DELETE

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

☐ Change ☐ Addition

**14.** I do 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 changed, or on an attachment with an address.

**SIGNATURE:**

*Troy Wilson*  
**TROY WILSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)