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**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000088513 1. Corporation Name

T.J.W. INC.

## FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90262 029 \*\*\*150.00



Mailing Address Principal Place of Business C/O PETER A PORTLEY ESQUIRE C/O PETER 4 PORTLEY ESQUIRE 2401 E ATLANTIC BLVD SUITE 410 2401 E ATLANTIC BLVD SUITE 410 DO NOT WRITE IN THIS SPACE POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 3. Date ir corporated or Qualifed 12/29/1993 2a. Mailing Address 4. FEI Number Applied For 2. Principa Place of Business 4848 N. University Dr 65-0460967 Not Applicable 49 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing F1 Trust Fund Contribution Added to Fees 28 23 Country Country 8. This corporation owes the current year intangible Zip BUSA ÍΠNο Personal Property Tax. 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 PORTLEY, PETER A ESQUIRE Street Ac dress (P.O. Box Number is Not Acceptable) 82 2401 EAST ATLANTIC BLVD. SUITE 410 83 POMPANO BEACH FL 33062 85 Zip Code 84 City 11. Pursuant to the provisions of Sc ctions 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 bo h, in the State of Florida. Such change was authorized by the corporation's board of cirectors. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or printed na ne of registered agent and title if applicable (NOT E. Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. Change Addition DELETE 1.1 TITLE TITLE WILSON, TROY J 1.2 NAME NAME 2401 E ATLANTIC BLVD SUITE 410 STREET ADDRESS 1.3 STREET ADDRESS POMPANO BEACH FL 33062 14 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 2.4 CITY-ST-ZIP Change ☐ Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 33 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 4 1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ Addition ☐ DELETE ☐ Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition ☐ DELETE TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIF

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 changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (11/98