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FILED
May 16 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 # **P94000085320 (7)**

1. Corporation Name
T.J. AUTOMOTIVE MANUFACTURING INC.

Principal Place of Business	Mailing Address
860 N.W. 57TH STREET FT. LAUDERDALE FL 33309	860 N.W. 57TH STREET FT. LAUDERDALE FL 33309-2827

3. Date Incorporated or Qualified: 01/01/1995
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21: SAME AS ABOVE
Suite, Apt. #, etc. 22:
City & State 23:
Zip 24: Country 25:

2a. Mailing Address
26: SAME AS ABOVE
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:

4. FEI Number: 65-0558579 ☐ 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

JONES, GEORGE F
3504 MAHOGANY WAY
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name: Susan Amchin
82 Street Address (P.O. Box Number Not Acceptable): 4813 NW 93RD TERRACE
83:
84 City: SUNRISE FL 85 Zip Code: 33351

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	PRES - TREAS	☒ Change ☐ Addition
NAME	MARIA A JONES		1.2 NAME	SUSAN AMCHIN	
STREET ADDRESS	3504 MAHOGANY WAY		1.3 STREET ADDRESS	4813 NW 93RD TERRACE	
CITY-ST-ZIP	CORAL SPRING FL		1.4 CITY-ST-ZIP	SUNRISE FLORIDA 33351	
TITLE	S	☒ DELETE	2.1 TITLE	V.PRES	☒ Change ☐ Addition
NAME	GEORGE F. JONES		2.2 NAME	MALVIN AMCHIN	
STREET ADDRESS	3504 MAHOGANY WAY		2.3 STREET ADDRESS	480 NW 93RD TERRACE	
CITY-ST-ZIP	CORAL SPRING FL		2.4 CITY-ST-ZIP	SUNRISE FLORIDA 33351	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			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 (9/96)

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: Susan Amchin