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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9500005469

TINJA CORPORATION

Principal Place of Business Mailing Address						
6112 CYPRESS		6112 CYPRESS CIRCLE				
BRADENTON FL 34202		BRADENTON FL 34202			DO NOT WRITE IN THIS SPACE	
					Date Incorporated or Qualifed	
					01/20/1995	
2. Principal Pl	lace of Business	2a. Mailing Address		·	4. FEI Number Applied For	
21		26			65-0555102 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired  \$8.75 Additional	
22		27			Fee Required	
City & State		City & State			6. Election Campaign Financing  Trust Fund Contribution  Added to Fees	
23		Zip Country			Trust Fund Contribution Added to Fees  8. This corporation owes the current year Intangible	
Zip	Country 25	29 30	¬ ´		Personal Property Tax.	
24	9. Name and Address of Curren		<u>'</u>	-	10. Name and Address of New Registered Agent	
	o. Italia cia italia di a		81	Name		
	OFALO, ANTHONY J		82	Street A	ddress (P.O. Box Number is Not Acceptable)	
6112 CYPRESS CIRCLE			"	0110007		
BRAI	DENTON FL 34202		83			
			84	City	FL 85 Zip Code	
44 5	the servicions of Costions 607 050	22 and 607 1508 Florida Statutes	the above	e-named c	ornoration submits this statement for the numose of changing its registered	
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth	orized by	tne corpor	ration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered age	ant and title if applicable. (NOTE: Re	gistered Ager	nt signature req	quired when reinstating) DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME	CHIOFALO, ANTHONY J		1.2 NAME		•	
STREET ADDRESS	5112 CYPRESS CIRCLE 1.3 S		1.3 STREE	TADORESS		
CITY-ST-ZIP	BRADENTON FL 34202		1.4 CITY-S	T- ZIP	Chann D Addition	
TITLE		☐ DELETE	2.1 TITLE		Change Additio	
NAME			2.2 NAME			
STREET ADDRESS				TADDRESS		
CITY-ST-ZIP		□ 0C; CTC	2 4 CITY-5	ST-ZIP	☐ Change ☐ Addition	
TITLE		☐ DELETE	3.1 TITLE	1		
NAME			3.2 NAME	T ADDRESS		
STREET ADDRESS						
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY-5 4.1 TITLE	51-ZIP	☐ Change ☐ Additio	
NAME			4. 2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			4.4 CITY-S			
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Additio	
NAME			5.2 NAME	ĺ		
STREET ADDRESS			5.3 STREE	TADORESS		
CITY-ST-ZIP			5.4 CITY- 9	T-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Additio	

6.3 STREET ADDRESS

6.4 CITY+ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

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 empoyered 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 a other like empowered.