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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000004278 (3)

T & J EQUITIES, INC.

TITLE

NAME

STREET ADDRESS

			.=							
Principal Place of Business Mailing Address										
115 NE 4TH AVENUE DELRAY BEACH FL 33444			115 NE 4TH AVENUE DELRAY BEACH FL 33483-4530							
						3. Date Incorporated of 01/10/1996	or Qualified	3a. Da	ate of Last F	Report
2. Principal Place of Businoss 2a. Mailing Address					4. FEI Number			A	oplied For	
21		26				65-064	485	12	N	ot Applicab
Sulte, Apt. #, etc.		27			5. Certificate of Status	Desired	\$8.75 Additional Fee Required			
City & Sta	ate	City & 28	State			Election Campaign I Trust Fund Contribu	•			May Be to Fees
Zip 4	Country 25	Ζip 29		Count 30	У	8. This corporation has Florida Statutes		ntangible Yes [. 199.032,
	9. Name and Address of Curr	ent Registered A	gent			10. Name and Address	of New Reg	istered	Agent	•
BIS	SHOP, JOHN A			8	i Name					
SUITE 2904				8	Stroot Ad	Idress (P.O. Box Number is N	lot Acceptable	n)		
5637 PACIFIC BOULEVARD				Onco: Au	COLOGO (1 .O. DON MONTENET IS IN	- Acceptabl	·			
BO	CA RATON FL 33433			8	3					
				8	4 City				85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Horida Statuto					<u> </u>					
SIGNATURE	Signature, lyped or printed name of registered a	agent and title if applicate AND DIRECTORS	le (N	OTE Registered A	gent signisture rec	quired when reinstating) ADDITIONS/CHANGE	S TO OFFICE	DATE ERS ÁND	DIRECTOR	RS IN 12
TITLE	D DELETE		1,1 111¢E			-		C hange	Additio	
NAME	SIMMONS, JOHN E			1.2 NAMI	:	SIMONS	LOHA	E	•	
STREET ADDRESS	115 NE 4TH AVENUE			1.3 STRE	ET ADDRESS					
CITY-ST-ZIP	DELRAY BEACH FL 33444			1.4 City	ST-ZIP					
TITLE			DELETE	2.1 1ITEE					☐ Change	Additio
NAME				2.2 NAMI						
STREET ADDRESS				2.3 STRE	ERADORESS					
CITY-ST-ZIP	<u> </u>		DECETE	2. 4 CITY	- ST - ZiP				<u> </u>	
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NAME				3.2 NAMI						
STREET ADDRESS					T ADDRESS					
CITY-ST-ZIP TITLE			DELETE	3.4. CHTY 4.1 TUTLE					Change	Additio
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					FT ADDRESS					
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CITY-ST-ZIP TITLE NAME			DELETE	4.4 CITY 5.1 TITLE 5.2 NAMI	ST-ZIP ST ADDRESS				Change	Additio

FILED May 14 1997 8:00am Secretary of State

CITY-ST-ZIP 6.4 CITY-ST-ZIP 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 eath; 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.

6.1 TITLE

6.2 NAME

DELETE

(561)

Addition