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CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000037681

C.T.J. CORPORATION

Mailing Address Principal Place of Business 1306 S.E. 12TH TERRACE 1306 S.E. 12TH TERRACE DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/01/1996 Applied For 2. Principal Place of Business 4. FEI Number 2a. Mailing Address 65-0661479 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Zip 8. This corporation owes the current year Intangible Zip Country Yes 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name **BRUTTELL, CHARLES** Street Address (P.O. Box Number is Not Acceptable) 1306 S.E. 12TH TERRACE **DEERFIELD BEACH FL 33441** 83 Zip Code 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change ☐ DELETE 1.1 TITLE TITLE 1.2 NAME **BRUTTELL. CHARLES** NAME 1306 S.E. 12TH TERRACE 1.3 STREET ADDRESS STREET ADDRESS **DEERFIELD BEACH FL 33441** 1.4 CITY-ST-ZIP CITY-ST-ZIF ☐ Addition Change OELETE. 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADORES 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 31 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE Change 4.1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 6.1 TITLE ☐ Change TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE NO TYPED OR PRINTED NAME OF

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 of 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 or an attachment with any address, with all other live empowered.

FILED Mar 17, 1999 8:00 am **Secretary of State** 03-17-1999 90133 027 ***150.00

CR2E034 (11/98)