**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

P96000054672 (6)

T & J MANAGEMENT & CONSULTING, INC.

Principal Place of Business

**DOCUMENT#** 

179 RIVIERA AVE

**SIGNATURE** 

Mailing Address

179 RIVERA AVENUE

## **FILED** Aug 19 1998 8:00am Secretary of State

561-753-6014

ROYAL PALM BEACH FL 33411 US		ROYAL PALM BEACH FL 33411		DO NOT MIDITO IN THE OR	
				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
				06/25/1996	
2. Principal P	lace & Business	2a. Malling Address	·····	4. FEI Number	Applied For
21 179	RIVERA Ave		era Ave		Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			8.75 Additional
22		27	·	5. Certificate of Status Desired	Fee Required
Sity & State	Palm Sch, F/	City & State Palr	n Bch. Fl		\$5.00 May Be Added to Fees
Zip	Country	Zip 29 33411 3	Country	8. This corporation owes or has paid the current	, L
24 33			ol u>	Personal Property Tax due June 30. Ye	
Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent  HOLICIED TEODY D  81 Name					
HOUGEN, (CONT.)					
179 RIMERA AVE			82 Street Address (P.O. Box Number is Not Acceptable)		
ROYAL PALM BEACH FL 33411			83		
			63		
			B4 City	FL <sup>8</sup>	Zip Code
11. Pursuant	to the provisions of sections 607,0502	and 607,1508, Florida Statutes,	the above-named corp	poration submits this statement for the purpose of changi- tion's board of directors. I hereby accept the appointme	ng its registered
office or agent. I a	r <b>eg</b> istered agent, or both, in the State o a <b>m</b> familiar with, and accept the obligat	of Florida. Such change was aut ions of, section 607.0505, Floric	horized by the corpora ta Statutes.	tion's board of directors. I hereby accept the appointme	nt as registered
SIGNATURE	Bignature, typed or printed name of registered agent	and title If applicable (NOTE	: Registered Agent signature re	equired when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN 12
TITLE	PS	DELETE	1.1 TITLE		Change Addition
NAME	HOUSLEN, TERRY	<u>[</u> ]	1.2 NAME	Inusier Terru	
STREET ADDRESS	179 RIVIERA AVE		1.3 STREET ADDRESS	179 KIVERA AVE	
CITY-ST-ZIP	ROYAL PALM BEACH FL		1.4 CITY-ST-ZIP	Royal Palm Bch, F133	41)
TITLE	VPT	DELETE	2.1 TITLE V	IPT . N	Change Addition
NAME.	KNOWLES, LAURA J		2.2 NAME	lousler, haura I	
STREET ADDRESS	179 RIVIERA AVE		2.3 STREET ADDRESS	179 Rivera Aye	200 11 1
CITY-ST-ZIP	ROYAL PALM BEACH FL		2.4 CITY-ST-ZIP	Royal Palm Bch, Fl	33411
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		DEL <b>E</b> TE	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		ļ
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	willing that the information and the state of	ble filing dags not asself for the	6.4 CITY-ST-ZIP	140 07/2\0) Florida C/	ha fafaaa ak
indicated o	inity that the information supplied with to in this annual report or supplemental a	nis ming does not quality for the naual report is true and accurate	exemption stated in se e and that my signatur	ection 119.07(3)(i), Florida Statutes. I further certify that the shall have the same legal effect as if made under oat	rie intormation h; that I am