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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000099667 (3)

TMJ PROPERTIES, INC.

Principal Place of Business Mailing Address C/O THERESA MILLER 2263 BAYVIEW LANE C/O THERESA MILLER 2263 BAYVIEW LANE NO MIAMI PL 33131 NO MIAMI FL 33181-2409 3. Date Incorporated or Qualified 3a. Date of Last Report 12/10/1996 2. Principal Place of Business 2a. Mailing Address 4. FÉI Number Applied For 65-0725766 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Žφ Country Country 8. This corporation has liability for intangible tax under s. 199.032, 33181 X Yes 🗌 No Florida Statutes 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ALTMAN, STUART H 100 SE 2ND ST. 17TH FLOOR 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33131** 83 84 City Zip Code 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 18. DELETE ★ Addition TITLE 1.1 TITLE P/D TERESA MILLER NAME 1.2 NAME 2263 BAY VIEW LANG STREET ADDRESS 1.3 STREET ADDRESS 33181 CITY-ST-ZIP 1.4 CITY-ST-ZIP NONTH MIAMI, FLONIDA DELETE Change **★** Addition TITLE 2.1 TITLE ve/s/o 22 NAME NAME MÍCHNEL S. MCINTOSH 2120 N.W 95TH AVENUE 2.3 STREET ADDRESS STREET ADDRESS PEMPROKE PENES, FLORIDA 33024 CITY-ST-ZiP 2.4 CITY-\$1-ZIP Change DELETE 3.1 TITLE **X** Addition TITLE VP/T/D JÚLIE cress NAME 3.2 NAME 2002 WEST CRESS ROAD STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP SALEM, ENDIANA 47167 CITY-ST-ZIP Change DELFTE 4.1 THILE Addition TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELFTE Change Addition TITLE 5.1 10116 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 1ITLE Addition NAME 6.2 NAME

6.9 STREET ADDRESS

14. I do hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

3/4/97 305.893.7728

**FILED** 

May 12 1997 8:00am

Secretary of State