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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000104036**1. Corporation Name

Country

9. Name and Address of Current Registered Agent

officer or director of the corporation or the receiver or trustee employed Block 12 or Block 13 if changed, or on an attachment with an addiest

25

T J LIMITED INC.

Principal Place of Business 2240 N MILITARY TRAIL WEST PALM BEACH FL 33409

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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22

23

24

Zip

Mailing Address

2240 N MILITARY TRAIL WEST PALM BEACH FL 33409

2a. Mailing Address

City & State

Zip

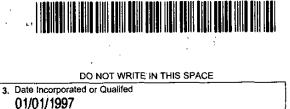
Suite, Apt. #, etc.

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FILED Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90048 002 ***158.75



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

□No

Not Applicable

4. FEI Number

65-0750661

5. Cértifcate of Status Desired

6. Election Campaign Financing Trust Fund Contribution

Personal Property Tax.

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

| SHAI, JACOB | | | 82 | (20.0) | | | | | |
|---------------------------------------|---|------------------------------------|--------------------|---|--|---|--------------------------------------|----------------------------------|----------------------|
| 4617 NW 90 AVENUE SUNRISE FL 33351 | | | | Street A | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | | | | | | | |
| | | | | City | | | 85 Zip Code | | |
| | | | 84 | City | | | FL | _ 65 210 0 | ouc |
| office or re | to the provisions of Sections 607.0502 a egistered agent, or both, in the State of I m familiar with, and accept the obligation | Florida. Such change was auth | orized by t | named c | orporation submits ation's board of di | this statement for rectors. I hereby | or the purpose of accept the appo | f changing its intment as reg | egistered istered |
| SIGNATURE | | | | | | | | | |
| | | | | egistered Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | |
| 12. | PTD OFFICERS AND I | DELETE | 13. | | ADDITIO | NS/CHANGES 1 | O OFFICERS A | Change | Addition |
| ITLE | | - Deterie | | | 21041 | 4600000 | میک میں | | |
| IAME | SHAI, JACOB | | 1.2 NAME | | 21071 | Noonspr | ING HAR. | | |
| TREET ADDRESS | 4617 NW 90 AVE | | 1.3 STREET ADDRESS | | BOCA RATON, Fl 33428 | | | | |
| ITY-ST-ZIP | SUNRISE FL 33351 | C) OF CT | 1.4 CITY- ST- ZIP | | DOCK ICA | IUN, FI | | ∠∖∆ ☐ Change | Addition |
| TLE | | ☐ DELETE | 2.1 TITLE | | | | | L. Glange | |
| AME | | | 2.2 NAME | | | | | | |
| TREET ADORESS | | | 2.3 STREET | ADDRESS | | | | | |
| TY-ST-ZIP | | | 2. 4 CITY-S1 | r-ZIP | | ** * | <u> :</u> | | |
| ITLE | | ☐ DELETE | 3.1 TITLE | | | | | Change | Addition |
| AME | | | 3.2 NAME | | | | | | |
| REET ADDRESS | | | 3.3 STREET | ADORESS | | | | | |
| TY-ST-ZIP | | | 3.4. CITY-ST | r-ZIP | | | | | |
| TLE | | ☐ DELETE | 4.1 TITLE | | | | | Change | Addition |
| AME | | | 4. 2 NAME | - | | | | | |
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| TY-ST-ZIP | | | 4.4 CITY-ST | - Z1P | _ | | · | | |
| TLE | | ☐ DELETE | 5.1 TITLE | | | | | Change | ☐ Addition |
| AME | | | 5.2 NAME | i | | | | | |
| REET ADDRESS | | | 5.3 STREET | ADDRESS | | | • | | |
| TY-ST-ZIP | | | 5.4 CITY-ST | -ZIP | | | | | |
| LE . | | ☐ DELETE | 6.1 TITLE | | | • | | Change | Addition |
| ME | | | 6.2 NAME | Ì | | | | - | |
| TREET ADDRESS | | N | 6.3 STREET | ADDRESS | | | | | |
| TY-ST-ZIP | | 16 | 6.4 CITY-ST | -ZIP | | | | | ÷ |
| 111-31-4P | | his filing does not qualify for th | | | | | | | |

Country

81 Name

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