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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90158 022 ***150.00

DOCUMENT #	P97000053994
1. Corporation Name	1 010000000

TIJ, INC.

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Principal Place of Business Mailing Address										~-
4726 NW 2 AVE UNIT F-3 BOCA RATON FL 33432 4726 NW 2 AVE UNIT F-3 BOCA RATON FL 33432					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed					
						06/18/1997				
2. Principal Place of Business 2a. Mailing Address						4. FEI Number			lied For	
21 26						65-0764239	58		Applicable dditional	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired	,	ee Rec		
City & State City & State						6. Election Campaign Financing			May Be	
23		28	Country			Trust Fund Contribution	A	dded to	Fees	
Zip 24	Country 25	Zip 29	30	unuy		This corporation owes the current Personal Property Tax.	year intangible		□No	
	9. Name and Address of Curre					10. Name and Address of New Reg	Istered Agent			
				81 N	lame		•			
ALAN MANHEIMER 19827 DINER KEY DR			82 St		treet Addre	ress (P.O. Box Number is Not Acceptable)			,	
BOC	A RATON FL 33498			83						
				84 C	ity		FL 85	Zip C	ode	
11. Pursuant office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Stat	502 and 607.1508, Florida Stat te of Florida. Such change was	utes, the a	bove-na d by the	med corpo corporation	oration submits this statement for the pun's board of directors. I hereby accept the	rpose of chang ne appointmen	ing its r t as reg	egistered istered	
ianent-fai	m familiar with; and accept the oblig	gations of, Section 607:0505, F	iorida Stati		_~~			-		
						<u></u>				_
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NO	TE: Registered	d Agent sign		when reinstating)	DATE			
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NO	TE: Registered	d Agent sign		<u></u>	DATE CERS AND DIF			(00)
SIGNATURE 12. TITLE	Signature, typed or printed name of registered a OFFICERS A	gent and title if applicable. (NO	TE: Registered	d Agent sign		when reinstating)	DATE CERS AND DIF	RECTO	RS IN 12	100,447,40
SIGNATURE	Signature, typed or printed name of registered a OFFICERS A D MANHEIMER, ALAN	gent and title if applicable. (NO	TE: Registered 13. 1.1 Π	d Agent sign	nature required	when reinstating)	DATE CERS AND DIF	RECTO	RS IN 12	(00) 777 700
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered a OFFICERS A D MANHEIMER, ALAN	gent and title if applicable. (NO	13. 1.1 Ti 1.2 No.	d Agent sign ITLE IAME	DRESS	when reinstating)	DATE CERS AND DIF	RECTO!	RS IN 12	1007.004 (44.100)
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered a OFFICERS A D MANHEIMER, ALAN 4726 NW 2 AVE, UNIT F-3	gent and title if applicable. (AO AND DIRECTORS	TE: Registered 13. 1.1 Π' 1.2 N/ 1.3 SI 1.4 CI	d Agent sign ITLE LAME STREET ADD	DRESS	when reinstating)	DATE CERS AND DIF	RECTO!	RS IN 12	(00) 777 7000
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hig does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information report is frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an use e empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an address, with all other like empowered. 14. I hereby certify that the information supplied with this indicated on this annual report or supplemental annual officer or director of the corporation or the receiver or Block 12 or Block 13 if changed, or on an altagriment.

SIGNATURE:

CITY-ST-ZIP