

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

FILED
Sep 07, 1999 8:00 am
Secretary of State

09-07-1999 90002 041 ***550.00

DOCUMENT # P97000066943 ✓

Corporation Name
TAJ SERVICES, INC.



Principal Place of Business
5 SW 4 AVE
CA RATON FL 33432

Mailing Address
1375 SW 4 AVE
BOCA RATON FL 33432
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/31/1997

4. FEI Number

65-0773311

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CHAIET, PAUL J
2400 W CYPRESS CREEK RD #N5
FT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name THOMAS A. JOHNSON

82 Street Address (P.O. Box Number is Not Acceptable)
1375 S.W. 4TH AVE.

83

84 City BOCA RATON

FL

85 Zip Code 33432

I, 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: *Thomas A. Johnson* (NOTE: Registered Agent signature required when reinstating)

7/27/99
DATE

2. OFFICERS AND DIRECTORS

NAME	DELETE
PVST JOHNSON, THOMAS A. 1375 SW 4TH AVE BOCA RATON FL 33432	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
1.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
1.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
2.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
3.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
4.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
5.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
6.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

4. 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 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, with all other like empowered.

SIGNATURE: *Thomas A. Johnson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/99 (561) 350-7358
Date Daytime Phone #

CR2E034 (11/98)