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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 20 1998 8:00am Secretary of State

DOCUMENT # P97000075864 (3) TJ PALM PRODUCTIONS, INC. Principal Place of Business Mailing Address PO BOX 728 PO BOX 728 PALM BEACH FL 33480 PALM BEACH FL 33480 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/02/1997 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year leta gible Personal Property Tax due June 30.
Yes No Personal Property Tax due June 30. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name GRIEMS, CALEB J 1023 MANATEE AVE WEST Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 34205** Zip Code 85 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Stat office or registered agent, or both, in the State of Florida. Such change wa agent. I am familiar with an ecosyphe obligations of, Section 607.0505. and 607, 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered withorized by the corporation's board of di OFFICERS AND DIRE 13. DELETE 1.1 TITLE TITLE Addition FISHER, TAMARA JEANNE 12 NAME STREET ADDRESS PO BOX 728 N/A 1.3 STREET ADDRESS PALM BEACH FL 33480-CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME STREET ADORESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST- ZIP ☐ DELETE Change Addition TITLE 3.1 TITLE 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 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change Addition DELETE TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5,3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 6.1 TITLE Addition TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I 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 eath; 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 13 if changed or on an attachment with an address.

SIGNATURE

JAMMA EANNE

(561)

CR2E034