


FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90165 028 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P98000046178

1. Corporation Name
TJ'S FOREIGN AUTO, INC.



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| Principal Place of Business 330 13TH AVENUE S. ST. PETERSBURG FL 33701 | Mailing Address 330 13TH AVENUE S. ST. PETERSBURG FL 33701 |
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DO NOT WRITE IN THIS SPACE

| | | | | | | |
|--------------------------------|-----------------|---------------------|------------|---|-----------------------------|-------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 05/22/1998 | 4. FEI Number 59-3512061 | Applied For Not Applicable |
| 21 Suite, Apt. #, etc. | 22 City & State | 23 Zip | 24 Country | 25 | 26 | 27 |
| 28 | 29 | 30 | 31 | 32 | 33 | 34 |

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|--|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent ACCOUNTING & TAX HELP, INC. 8668 PARK BLVD SUITE A SEMINOLE FL 33777 | | | | 10. Name and Address of New Registered Agent | | | |
| B1 Name TONDA L. GRAVES | | | | B2 Street Address (P.O. Box Number is Not Acceptable) 330 13th Ave S | | | |
| B3 | | | | B4 City ST. PETERSBURG | | | |
| B5 Zip Code 33701 | | | | B6 State FL | | | |

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: Tonda L. Graves DATE: 2/13/99

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|--------------------------|--------------------|-----------|---|--|--------|----------|
| TITLE | OWNER | TITLE | PRESIDENT | 1.1 TITLE | | Change | Addition |
| NAME | TONDA L. GRAVES | 1.2 NAME | | 1.2 NAME | | | |
| STREET ADDRESS | 9616 56th St. No. | 1.3 STREET ADDRESS | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | PINELLAS PARK, FL. 33782 | 1.4 CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | | | |
| TITLE | | 2.1 TITLE | | 2.1 TITLE | | Change | Addition |
| NAME | | 2.2 NAME | | 2.2 NAME | | | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | | | |
| TITLE | | 3.1 TITLE | | 3.1 TITLE | | Change | Addition |
| NAME | | 3.2 NAME | | 3.2 NAME | | | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | | | |
| TITLE | | 4.1 TITLE | | 4.1 TITLE | | Change | Addition |
| NAME | | 4.2 NAME | | 4.2 NAME | | | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | | | |
| TITLE | | 5.1 TITLE | | 5.1 TITLE | | Change | Addition |
| NAME | | 5.2 NAME | | 5.2 NAME | | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | 6.1 TITLE | | 6.1 TITLE | | Change | Addition |
| NAME | | 6.2 NAME | | 6.2 NAME | | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | | | |

14. 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 in an attachment with an address, with all other like empowered.

SIGNATURE: Tonda L. Graves DATE: 2/16/99 727 894-0818

CR2E034 (1/198)