

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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90110 041 \*\*\*150.00

0347138

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000077721**

1. Corporation Name  
**T J PRODUCTS, INC.**



Principal Place of Business <b>1810 SABEL DRIVE</b> <b>DEERFIELD BEACH FL 33442</b>	Mailing Address <b>1810 SABEL DRIVE</b> <b>DEERFIELD BEACH FL 33442</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>3622 NW 59TH ST</b> Suite, Apt. #, etc. 22 City & State 23 <b>COCONUT CREEK FL</b> Zip 24 <b>33073</b> Country 25		2a. Mailing Address 26 <b>3622 NW 59TH ST</b> Suite, Apt. #, etc. 27 City & State 28 <b>COCONUT CREEK FL</b> Zip 29 <b>33073</b> Country 30		3. Date Incorporated or Qualified <b>09/02/1998</b> 4. FEI Number <b>65-0869806</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees 7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**GIRNUN, MORRIS A**  
**1810 SABEL DRIVE**  
**DEERFIELD BEACH FL 33442**

10. Name and Address of New Registered Agent

81 Name <b>JACK WENE</b>	82 Street Address (P.O. Box Number is Not Acceptable) <b>3622 NW 59TH ST</b>
83	84 City <b>COCONUT CREEK FL</b>
85 Zip Code <b>33073</b>	

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 *Jack Wene*  
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **4/30/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PSUP T</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>WENE, PATTI</b>		1.2 NAME <b>WENE, JACK.</b>	
STREET ADDRESS <b>1810 SABEL DRIVE</b>		1.3 STREET ADDRESS <b>3622 NW 59TH ST</b>	
CITY-ST-ZIP <b>DEERFIELD BEACH FL 33442</b>		1.4 CITY-ST-ZIP <b>COCONUT CREEK FL 33073</b>	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)