

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90006 004 ***550.00

DOCUMENT # V32793

1. Corporation Name
TJR INDUSTRIES, INC.

Principal Place of Business
16345 RAVEN WOOD PLACE
LAKES FL 33014

Mailing Address
19011 NW 23CT
PEMBROKE PINES FL 33029
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/30/1992

4. FEI Number
65-0329435

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. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

26 9720 PINES BLVD

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

City & State

28 PEMBROKE PINES, FL

Zip

Country

Zip

29 33024

Country

30 U S A

9. Name and Address of Current Registered Agent

M. PAUL GARCIA, ESQUIRE
MARKOWITZ, DAVIS AND RINGEL, P.A.
9130 S. DADELAND BLVD., STE. 1225
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name
TODD J RAPPAPORT
82 Street Address (P.O. Box Number is Not Acceptable)
19011 NW 23RD STREET
83
84 City
PEMBROKE PINES FL 85 Zip Code
33029

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 TODD J RAPPAPORT PRES

7/13/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> DELETE
NAME	RAPPAPORT, TODD J.	
STREET ADDRESS	15591 S.W. 105 TERR, #511	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	RAPPAPORT, TODD J.	
STREET ADDRESS	15591 S.W. 105 TERR, #511	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TODD J RAPPAPORT	
1.3 STREET ADDRESS	19011 NW 23RD STREET	
1.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	AZALIA RAPPAPORT	
3.3 STREET ADDRESS	19011 NW 23RD STREET	
3.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE:

TODD J RAPPAPORT

7/13/99

CR2E034 (5/99)