

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathrum
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -8 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **232957** (1)

1. Corporation Name
TIFFANY APTS., INC.

Principal Place of Business: **1504 S SURF ROAD HOLLYWOOD FL 33019**
Mailing Address: **1504 S SURF ROAD HOLLYWOOD FL 33019**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **02/04/1960**
3a. Date of Last Report: **03/31/1994**

4. FEI Number: **59-0934571**
Applied For: 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 has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent

**AIELLO, MARY
1504 S SURF ROAD 27
HOLLYWOOD FL 33019**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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: *Mary Aiello*

TREAS *2-28-95*

(Signature of registered agent and the corporation)

(NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **VP**
NAME: **ASPRINIO, EDWARD**
STREET ADDRESS: **1504 S SURF ROAD**
CITY, ST, ZIP: **HOLLYWOOD FL 33019**

TITLE: **S**
NAME: **SHAW, JU DY**
STREET ADDRESS: **1504 S. SURF ROAD**
CITY, ST, ZIP: **HOLLYWOOD FL 33019**

TITLE: **T**
NAME: **AIELLO, MARY**
STREET ADDRESS: **1504 S SURF ROAD**
CITY, ST, ZIP: **HOLLYWOOD FL 33019**

TITLE: **P**
NAME: **WETTERER, MARY ROSE**
STREET ADDRESS: **1504 S SURF ROAD APT #31**
CITY, ST, ZIP: **HOLLYWOOD FL 33019**

TITLE: **D**
NAME: **DIENST, HAROLD**
STREET ADDRESS: **1504 S. SURF ROAD**
CITY, ST, ZIP: **HOLLYWOOD FL 33019**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

*Director
Anthony DiCiprioli
1504 S. Surf Road
Hollywood FL 33019*

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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: *Mary Aiello* *TREAS*

2-28-95 (301) *923-4108*

(Signature and typed or printed name of signing officer or director) Date System (Pages 2)