

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

FILED

**May 14 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

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 33019-2378**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/04/1960	3a. Date of Last Report 03/05/1996
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.	4. FEI Number 59-0934571	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
AIELLO, MARY 1504 S SURF ROAD 27 HOLLYWOOD FL 33019				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VP ASPRINIO, EDWARD 1504 S SURF ROAD HOLLYWOOD FL 33019	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	VP - CONNALLY, MICHAEL # 67 1504 S. SURF RD. HOLLYWOOD, FLA. 33019	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S SHAW, JU DY 1504 S. SURF ROAD HOLLYWOOD FL 33019	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T AIELLO, MARY 1504 S SURF ROAD HOLLYWOOD FL 33019	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	P WETTERER, MARY ROSE 1504 S SURF ROAD APT #31 HOLLYWOOD FL 33019	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D WILD, DONNA 1504 S. SURF ROAD HOLLYWOOD FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	D- WILD, CURT 1504 SOUTH SURF Rd. # 29 HOLLYWOOD, FLA. 33019	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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: *Mary Rose Wetterer* **PRESIDENT**
WETTERER, MARY ROSE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **5/28/97** Daytime Phone #: **(502) 922-4124**

CR2E034 (9/96)