


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

FILED

**May 26 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/04/1960	
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	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Zip	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
B5	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, TREASURER DATE: 4/28/98

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	CONNALLY, MICHAEL	
STREET ADDRESS	1504 S. SURF RD., #87	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SHAW, JU DY	
STREET ADDRESS	1504 S. SURF ROAD	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	T	<input type="checkbox"/> DELETE
NAME	AIELLO, MARY	
STREET ADDRESS	1504 S SURF ROAD	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WETTERER, MARY ROSE	
STREET ADDRESS	1504 S SURF ROAD APT #31	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILD, CURT	
STREET ADDRESS	1504 SOUTH SURF RD., #29	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	ALAN Johnston	<input type="checkbox"/> DELETE
NAME	1504 S SURF RD # 300	
STREET ADDRESS	HOLLYWOOD FL 33019	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Michael P Connolly
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	800002536348
2.3 STREET ADDRESS	-05/27/98--01034--019
2.4 CITY-ST-ZIP	***150.00
3.1 TITLE	Treasurer
3.2 NAME	Mary Aiello
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Mary Rose Wetterer
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Curt Wild
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Secretary
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 119.05(1), 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 DATE: 4/28/98 (98) 923-4148

CR2E034 (10/97)