

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

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90077 050 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 232957

1. Corporation Name
TIFFANY APTS., INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1504 S SURF ROAD HOLLYWOOD FL 33019		Mailing Address 1504 S SURF ROAD HOLLYWOOD FL 33019	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-0934571	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23 Zip	28 Country	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No
24 Zip	25 Country	29 Zip	30 Country

3. Date Incorporated or Qualified 02/04/1960
4. FEI Number 59-0934571
5. Certificate of Status Desired
6. Election Campaign Financing Trust Fund Contribution
8. This corporation owes the current year Intangible Personal Property Tax.

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	FL	85

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	PRESIDENT
NAME	CONNALLY, MICHAEL	1.2 NAME	
STREET ADDRESS	1504 S. SURF RD., #67	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	SECRETARY-TREASURER
NAME	AIELLO, MARY	2.2 NAME	
STREET ADDRESS	1504 S SURF ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33019	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	DIRECTOR
NAME	WETTERER, MARY ROSE	3.2 NAME	
STREET ADDRESS	1504 S SURF ROAD APT #31	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33019	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	VICE-PRESIDENT
NAME	WILD, CURT	4.2 NAME	
STREET ADDRESS	1504 SOUTH SURF RD., #29	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	SAME-DIRECTOR
NAME	JOHNSTONE, ALAN	5.2 NAME	
STREET ADDRESS	1504 S SURF ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33019	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: *Mary A. Wetterer* (954) 923-4108
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)