

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90148 007 ****61.25

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|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 710549

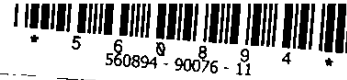
1. Corporation Name

TIFFANY GARDENS EAST, INC.

Principal Place of Business

INTEGRITY PROP MGT., INC.
3200 UNIVERSITY DR., #210
CORAL SPRINGS FL 33065
US

Mailing Address

INTEGRITY PROP MGT., INC.
P.O. BOX 8726
CORAL SPRINGS FL 33065
US


| | | | | | |
|--------------------------------|--|------------------------|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 03/18/1966 | |
| 22 City & State | | 27 City & State | | 4. FEI Number | |
| 23 Zip | | 28 Zip | | 59-1307712 | |
| 24 Country | | 29 Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 25 | | 30 | | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | |

9. Name and Address of Current Registered Agent

WHITTLE, CYNTHIA G
C/O INTEGRITY PROPERTY MANAGEMENT
3200 N UNIVERSITY DR #210
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | STD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEVIN, JOHN L | 1.2 NAME | TD |
| STREET ADDRESS | 1610 N OCEAN BLVD, #902 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | POMPANO BCH, FL 33062 | 1.4 CITY-ST-ZIP | |
| TITLE | PD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ZUCCARO, ALBERT | 2.2 NAME | |
| STREET ADDRESS | 1600 NO OCEAN BLVD APT 505 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | POMPANO BCH, FL 33062 | 2.4 CITY-ST-ZIP | |
| TITLE | TD <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | STOCKNESS, HARVEY | 3.2 NAME | ELENA BOZZI |
| STREET ADDRESS | 1600 N. OCEAN BLVD., #601 | 3.3 STREET ADDRESS | 1610 N. Ocean Blvd |
| CITY-ST-ZIP | POMPANO BEACH FL | 3.4 CITY-ST-ZIP | POMPANO BEACH, FL 33062 |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 4.2 NAME | John Blackwell |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 1610 N. Ocean Blvd. |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | Pompano Beach, Fla 33062 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99 954-346-0677

CR2E037 (1/98)