

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

3. Date Incorporated or Qualified <b>02/04/1960</b>	3a. Date of Last Report <b>03/07/1995</b>
4. FEI Number <b>59-0934571</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	22. Mailing Address Suite, Apt. #, etc. City & State Zip	23. Country	24. Country
25.	26.	27.	28.
29.	30.		

9. Name and Address of Current Registered Agent <b>AIELLO, MARY 1504 S SURF ROAD 27 HOLLYWOOD FL 33019</b>		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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASPRINIO, EDWARD	12. NAME	
STREET ADDRESS	1504 S SURF ROAD	13. STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD FL 33019	14. CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, JU DY	22. NAME	
STREET ADDRESS	1504 S. SURF ROAD	23. STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD FL 33019	24. CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AIELLO, MARY	32. NAME	
STREET ADDRESS	1504 S SURF ROAD	33. STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD FL 33019	34. CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WETTERER, MARY ROSE	42. NAME	
STREET ADDRESS	1504 S SURF ROAD APT #31	43. STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD FL 33019	44. CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PICCIRILLI, ANTHONY	52. NAME	
STREET ADDRESS	1504 S. SURF ROAD	53. STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD FL	54. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. CITY - ST - ZIP	

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)(k), 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 2-29-96 (305) 923-4108  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)