

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

02/04/1960

3a. Date of Last Report

03/07/1995

4. FEI Number

59-0934571

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 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

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 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME  
ASPRINIO, EDWARD  
STREET ADDRESS  
1504 S SURF ROAD  
CITY-ST-ZIP  
HOLLYWOOD FL 33019

12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME  
SHAW, JU DY  
STREET ADDRESS  
1504 S. SURF ROAD  
CITY-ST-ZIP  
HOLLYWOOD FL 33019

22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME  
AIELLO, MARY  
STREET ADDRESS  
1504 S SURF ROAD  
CITY-ST-ZIP  
HOLLYWOOD FL 33019

32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME  
WETTERER, MARY ROSE  
STREET ADDRESS  
1504 S SURF ROAD APT #31  
CITY-ST-ZIP  
HOLLYWOOD FL 33019

42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE ☒ DELETE

5.1 TITLE ☒ Change ☐ Addition

NAME  
PICCIRILLI, ANTHONY  
STREET ADDRESS  
1504 S. SURF ROAD  
CITY-ST-ZIP  
HOLLYWOOD FL

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

62 NAME  
63 STREET ADDRESS  
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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-29-96 (305) 923-4108  
Date Daytime Phone #

CR2E034 (12/95)