


FILED

Jan 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 348394 (8) 1. Corporation Name: TIFFANY FURNITURE INDUSTRIES, INC.		
Principal Place of Business 1111 CENTRAL FLORIDA PKWY. ORLANDO FL 32837		Mailing Address PO BOX 583746 ORLANDO FL 32859-3746
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
9. Name and Address of Current Registered Agent		
SALOMON, EDWARD M III 1111 CENTRAL FLORIDA PKWY. ORLANDO FL 32837		81 Name 82 Street Address 83 84 City
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation, office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation, agent, or both, and 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, applicable. (NOTE: Registered Agent signature required)		
12. OFFICERS AND DIRECTORS		
TITLE P <input type="checkbox"/> DELETE NAME SALOMON, ADRIENNE STREET ADDRESS 1111 CENTRAL FLORIDA PKWY. CITY-ST-ZIP ORLANDO FL 32837	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	13.
TITLE VPD <input type="checkbox"/> DELETE NAME SALMON, EDWARD III STREET ADDRESS 1111 CENTRAL FLORIDA PKWY. CITY-ST-ZIP ORLANDO FL 32837	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE VP <input type="checkbox"/> DELETE NAME MILES, DAVID H STREET ADDRESS 1111 CENTRAL FLORIDA PKWY. CITY-ST-ZIP ORLANDO FL 32837	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

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.

STRUCTURE:

SIGNATURE AND TYPE (OR PRINTED NAME) OF SENDING OFFICER OR DIRECTOR

Dal

Daytime From #

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