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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 60

605168

(4)

ARTHUR W. TIFFORD, P.A.

Principal Place of Business	Mailing	3 Address
rnincipal riace of business	wanni) Modies

FILED
May 02 1997 8:00am
Secretary of State



1385 NW 15 S MIAMI FL 8312	T. 25	1385 NW 15 ST. Miami Fl 33125-1621	4					
		•			3. Date Incorporated or Qualified	3a. Date of Last Report 05/01/1996		
2. Principal P	lace of Business	2a. Mailing Address			05/17/1974 05/01/1996 4. FEI Number Applied For		ied For	
21		26			59-1529418	▶	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			1	- \$9.75 Ad		
22		27			5. Certificate of Status Desired	Fee Requ	ired	
City & State	е	City & State			6. Election Campaign Financing	\$5.00 м	av Bo	
23		28			Trust Fund Contribution	Added to		
Zíp	Country	Zip	Oount	y	8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	30			Yes No		
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered Agent		
TIFF	FORD, ARTHUR W.		8	Name		•		
	5 NW 15TH STREET		8:	2 Street A	et Address (P.O. Box Number is Not Acceptable)			
	MI FL 33125							
	, 💆		8	3				
		•	. 8	4 City		85 Zip Co		
						FL		
11. Pursuant office or r agent. I a	to the provisions of Sections 607.05 registered agent, or both, in the Statum familiar with, and accept the oblig	02 and 607.1508, Florida Statu e of Florida Such change was gations of, Section 607.0505, Fl	tes, the abo authorized b lorida Statut	ve-named c by the corposes.	corporation submits this statement for the poration's board of directors. I hereby acce	ourpose of changing its rept the appointment as re	egistered gistered	
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable (NO	II Begulered A	gent signature n	equired when reinstating)	DATE		
12.		ND DIRECTORS	13.	č ž.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS	IN 12	
TITLE	PD	DELETE	1.4 7111.6	T		Change	Addition	
NAME	TIFFORD, ARTHUR W.		1.P NAMI					
STREET ADDRESS	9980 S.W. 128TH STREET		1.8 STRE	EL ADDRESS				
CITY-ST-ZIP	MIAMI FL		1.4 C(1)	- \$1 - 7IP				
TITLE		DELETE	2.1 TITLE			☐ Change	Addition	
NAME			2.P NAM					
STREET ADDRESS			2.B \$1RE	ET ADDRESS				
CITY-ST-ZIP			2 4 0 11 Y	- S1 - ZIP				
TITLE		☐ DELETE	3.1 1111.6		**************************************	☐ Change	Addition	
NAME	l .		3 P NAM			•	1	
STREET ADDRESS			3 B STRE	ET ADDRESS				
CITY-ST-ZIP			3 4. DITY	- S1 - 7IP				
TITLE		☐ DELETE	41 1111			☐ Change	Addition	
NAME			4-2 NAM	E				
STREET ADDRESS			4 B STRE	F1 ADDRESS				
CITY-ST-ZIP			4 # CITY	- S1 - 7IP				
TITLE		☐ DELETE	51 1011.0			☐ Change	Addition	
NAME			52 NAM	·			ļ	
STREET ADDRESS			5.3 STRE	E1 ADDRESS			į	
CITY-ST-ZIP		<u></u>	5.4 CITY	- ST - ZIP				
TITLE		DELEJE	6.1 TITLE			☐ Change	Addition	
NAME			6.2 NAM	1				
STREET ADDRESS			6.3 STRE	ET ADDRESS				
CITY-ST-ZIP			6.4 CITY	- \$1 - ZIP				
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• Too 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 on an attachment with an address.