FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710549 (7)

1. Corporation Name

TIFFANY GARDENS EAST, INC.

Principal Place of Business	Mailing Address
~~% SUMMIT PROP MGMT~~ ~~PO BOX 189013~~ ~~PLANTATION FL 33318~~ ~~US~~	~~% SUMMIT PROP MGMT~~ ~~PO BOX 189013~~ ~~PLANTATION FL 33318~~ ~~US~~

3. Date Incorporated or Qualified: 03/18/1966
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21 Integrity Prop Mgt.	26 Integrity Prop Mgt. Inc
Suite, Apt. #, etc. 22 3300 University DR #210	Suite, Apt. #, etc. 27 P.O. Box 8726
City & State 23 Coral Springs, Fla	City & State 28 Coral Springs, Fla
Zip / Country 24 33065 25 BROWARD	Zip / Country 29 33065 30 BROWARD

4. FEI Number: 59-1307712 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~BLACKWELL, JAMES L~~ ~~1600 NO OCEAN BLVD APT 1204~~ ~~POMPANO BCH FL 33062~~	81 Name: ALBERT ZUCCARO 82 Street Address (P.O. Box Number is Not Acceptable): 1606 N. Ocean Blvd #505 83 84 City: Pompano Beach FL 85 Zip Code: 33062

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: Albert Zuccaro — 4/30/96
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	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	BOZZI, ELENA		12 NAME		
STREET ADDRESS	1600 N OCEAN BLVD #102		13 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH, FL 33062		14 CITY-ST-ZIP		
TITLE	~~VD~~	☐ DELETE	21 TITLE	PD	☐ Change ☐ Addition
NAME	ZUCCARO, ALBERT		22 NAME		
STREET ADDRESS	1600 NO OCEAN BLVD APT 505		23 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH, FL 33062		24 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	31 TITLE	D	☐ Change ☒ Addition
NAME	~~LITTLE, TD~~		32 NAME	STOCKNESS, HARVEY	
STREET ADDRESS	~~3261 S TERRA MAR DR~~		33 STREET ADDRESS	1600 N. Ocean Blvd #601	
CITY-ST-ZIP	~~POMPANO BEACH FL~~		34 CITY-ST-ZIP		
TITLE	~~D~~	☐ DELETE	41 TITLE	VD	☐ Change ☒ Addition
NAME	~~BUTTS, BONNIE~~		42 NAME	Butts, Thomas	
STREET ADDRESS	1600 N OCEAN BLVD #101		43 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		44 CITY-ST-ZIP		
TITLE	~~D~~	☐ DELETE	51 TITLE	DS	☒ Change ☐ Addition
NAME	SZCZEPKOWSKI, TERESA		52 NAME		
STREET ADDRESS	1600 N. OCEAN BLVD. #403		53 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E037 (12/95)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Albert Zuccaro — 4/30/96 — 954-346-0677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #