6-16-97 B- 1446 C

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May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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
INTEGRITY PROP MGT., INC. 3200 UNIVERSITY DR., #210 CORAL SPRINGS FL 33065 US	INTEGRITY PROP MGT., INC. P.O. BOX 8726 CORAL SPRINGS FL 33075-8726 US

3. Date Incorporated or Qualified: 03/18/1966
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

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

ZUCCARO, ALBERT
1600 N. OCEAN BLVD.
#505
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

81 Name: Cynthia G. Whittle
82 Street Address (P.O. Box Number is Not Acceptable): c/o Integrity Property Management
83: 3200 N. University Drive #210
84 City: Coral Springs FL 85 Zip Code: 33065

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: X Cynthia G. Whittle — DATE: 5/2/97
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BOZZI, ELENA		1.2 NAME		
STREET ADDRESS	1600 N OCEAN BLVD #102		1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH, FL 33062		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ZUCCARO, ALBERT		2.2 NAME		
STREET ADDRESS	1600 NO OCEAN BLVD APT 505		2.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH, FL 33062		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	TD	☑ Change ☐ Addition
NAME	STOCKNESS, HARVEY		3.2 NAME		
STREET ADDRESS	1600 N. OCEAN BLVD., #601		3.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BUTTS, THOMAS		4.2 NAME		
STREET ADDRESS	1600 N OCEAN BLVD #101		4.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		4.4 CITY-ST-ZIP		
TITLE	DS	☑ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SZCZEPKOWSKI, TERESA		5.2 NAME		
STREET ADDRESS	1600 N. OCEAN BLVD. #403		5.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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

SIGNATURE: Cynthia G. Whittle **TITLE REQUIRED** — 5/2/97 Date — (954) 346-0677 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0026208