

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

FILED

May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F33539 (0)
1. Corporation Name
TIFFANY CONDOMINIUM HOMES, INC.



Principal Place of Business 11780 IONA ROAD RT. 5, BOX 1 FT MYERS FL 33908-9134	Mailing Address 11780 IONA ROAD RT. 5, BOX 1 FT MYERS FL 33908-9134
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 04/29/1981	3a. Date of Last Report 02/19/1996
21		26		4. FEI Number 59-2339151	Applied For Not Applicable
22		27		6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24		29		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent SLEETER, GERALD 11780 IONA RD FT MYERS FL 33908		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	CHUDNOW, A.M.	1.2 NAME	
STREET ADDRESS	839 N. 11TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	
NAME	CHUDNOW, JOSEPH	2.2 NAME	
STREET ADDRESS	839 N. 11TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE, WI 00000	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	
NAME	SLEETER, GERALD	3.2 NAME	
STREET ADDRESS	11780 IONA RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

SIGNATURE _____

CR2E034 (9/96)