

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b> 	<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---

DOCUMENT # F33539

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

839 N 11TH ST  
MILWAUKEE WI 53233  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/29/1981

4. FEI Number

59-2339151

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation owes the current year  
Intangible Personal Property.

Yes No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City &amp; State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

Country

24

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  
SILVA, YOLANDA

82

Street Address (P.O. Box Number is Not Acceptable)

3400 BURNS ROAD

83

SUITE 104

84

City  
PALM BEACH GARDENS

FL

Zip Code  
33410

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

  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

X 04/99

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME  
CHUDNOW, A.M.STREET ADDRESS  
839 N. 11TH STREETCITY-ST-ZIP  
MILWAUKEE WI☐ DELETE

TITLE

STD

NAME  
CHUDNOW, JOSEPHSTREET ADDRESS  
839 N. 11TH STREETCITY-ST-ZIP  
MILWAUKEE, WI 00000☐ DELETE

TITLE

VPD

NAME  
SLEETER, GERALDSTREET ADDRESS  
11780 IONA RDCITY-ST-ZIP  
FT. MYERS FL☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☒ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-8-99

414-274-6000

Date

Daytime Phone

CR2E034 (5/99)