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CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000045918 (8)**

1. Current Name
TIFFANY COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
246 SW PORT ST LUCIE BLVD PORT ST LUCIE FL 34984 US	PO BOX 7336 PORT ST. LUCIE FL 34985-7336 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
06/22/1993	04/21/1994

2. Principal Place of Business	2a. Mailing Address
21 223 SW Pt St Lucie Blvd	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Port St Lucie, FL	28 City & State
24 Zip: 34954 / 25 County	29 Zip / 30 Country

4. FEI Number	Applied For / Not Applicable
65-0421440	

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
TIFFANY, DAVID E 507 S.E. RUBY COURT PORT ST. LUCIE FL 34984	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City: **FL** / 85 Zip Code

11. Pursuant to the provisions of Section 607.1007, 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(S)

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95
Title: P Name: TIFFANY, DAVID E Street Address: 507 S.E. RUBY COURT City-St-Zip: PORT ST. LUCIE FL	Title: P D ☒ Change ☐ Addition Name: Street Address: City-St-Zip: 34984
Title: TS Name: DESANTIS, PETER V. Street Address: 1701 SE CANORA City-St-Zip: PORT ST. LUCIE FL	Title: Delete ☒ Change ☐ Addition Name: Street Address: City-St-Zip:
Title: Name: Street Address: City-St-Zip:	Title: VP D ☐ Change ☒ Addition Name: Broomhall, Vince Street Address: 6860 NW Brookhaven Ave. City-St-Zip: Port St. Lucie, FL 34983
Title: Name: Street Address: City-St-Zip:	Title: D ☐ Change ☒ Addition Name: MacPhee, Ken Street Address: 558 Violet Ave. City-St-Zip: Port St. Lucie, FL 34984
Title: Name: Street Address: City-St-Zip:	Title: D ☐ Change ☒ Addition Name: Tibus, Susan Street Address: 4005 Greenwood Dr. City-St-Zip: Ft. Pierce, FL 34982
Title: Name: Street Address: City-St-Zip:	Title: ☐ Change ☐ Addition Name: Street Address: City-St-Zip:

14. I hereby certify that the information supplied with this report is accurate and that such information complies with the requirements of Section 607.1622, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and complete 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added by attachment with an address.

SIGNATURE: D. E. Tiffany — 4-28-95 — 407 340 0080

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

David E. Tiffany

0484546 FP