

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000045918 (8)

1. Corporation Name

TIFFANY COMMUNICATIONS, INC.



Principal Place of Business

223 SW PT ST LUCIE BLVD  
PORT ST. LUCIE FL 34954  
US

Mailing Address

PO BOX 7336  
PORT ST. LUCIE FL 34985-7336  
US

3. Date Incorporated or Qualified

06/22/1993

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 8280 Business Park Dr  
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 Port St. Lucie, FL  
City & State

27 City & State

23

28

24 34952  
Zip

Country

25 ST. Lucie  
Country

29

30

4. FEI Number

65-0421440

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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 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 re-stating)

4/25/96  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD  
STREET ADDRESS TIFFANY, DAVID E  
CITY-ST-ZIP 507 S.E. RUBY COURT  
PORT ST. LUCIE FL

TITLE ☒ DELETE

NAME VPD  
STREET ADDRESS BROOMHALL, VINCE  
CITY-ST-ZIP 6860 NW BROOKHAVEN AVE  
PORT ST LUCIE FL

TITLE ☒ DELETE

NAME D  
STREET ADDRESS MACPHEE, KEN  
CITY-ST-ZIP 558 MOLET AVE  
PORT ST LUCIE FL

TITLE ☒ DELETE

NAME D  
STREET ADDRESS THIBS, SUSAN  
CITY-ST-ZIP 4006 GREENWOOD DR  
FT PIERCE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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

Date

Daytime Phone #

CR2E034 (12/95)