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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90152 012 ***150.00

DOCUMENT # P94000071978

1. Corporation Name

TIFFANY LAKE DEVELOPERS, INC.

Principal Place	of Business	Mailing Address							
1414 NW 107TH	I AVE	7270 NW 12TH ST., PH-I	7270 NW 12TH ST., PH-I						
STE #700		MIAM) FL 33126				DO NOT WRITE IN THIS SPACE			
MIAMI FL 33172									
US						3. Date Incorporated or Qualifed			
				_		09/27/1994			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Applied For	
21	·	26				65-0533944		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Additional	
22		27				C. Schlieble St Clause Double	Fee	Required	
City & State	9	City & State				6. Election Campaign Financing	\$5.6	00 May Be	
23		28				Trust Fund Contribution	Add	ed to Fees	
Zip	Country	Zip	p Country			8. This corporation owes the current year in	tangible	_	
24	25	29	30			Personal Property Tax.	☐ Yes	LIK No	
	9. Name and Address of Curren					10. Name and Address of New Registered	Agent		
			-"	81	Name				
BRO	DIE, SIDNEY Z	•							
	NW 12TH ST., PH-I		82 Street Ad			ess (P.O. Box Number is Not Acceptable)			
	AI FL 33126			83					
17117 114			ļ	83					
			Ī	84	City		85 2	Zip Code	
					-	FL	<u>- </u>		
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the at	oove-	named corpo	oration submits this statement for the purpose of n's board of directors. I hereby accept the appo	changing	its registered	
office or re agent. I ar	egistered agent, or both, in the State of the obligation familiar with, and accept the obligations are stated to the obligation of the obl	tions of, Section 607.0505, Flor	rida Statu	ites.	ie corporation	in a bodity of unectors, i thereby accept the appo	in in none d	o regional	
SIGNATURE	Stgnature, typed or printed name of registered agen	nt and title if annicable (NOTE:	Registered	Agent s	ignature required	when reinstating) DATE			
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	CTORS IN 12	
TITLE	PD			1.1 TITLE			Char		
i	BARBARA, OSCAR			ME					
NAME					DDDCGG				
STREET ADDRESS			1.3 STREET ADDRESS \]	
CITY-ST-ZIP			_		ZIP		☐ Char	nge	
TITLE	SVD	☐ DELETE 2.1					[_] Ond.	,go	
NAME	BRODIE, SIDNEY Z	2.2 N		ME				Ì	
STREET ADDRESS	7270 NW, 12TH ST., PH-I	2.3 S		REETA	DDRESS			Ì	
CITY-ST-ZIP	MIAMI FL 33126			ITY-ST-	ZIP				
TITLE		DELETE	3 1 TIX	TLE			Char	nge 🗌 Addition	
NAME			3.2 NA	ME	ļ			J	
STREET ADDRESS			3.3 ST	REETA	DORESS			ĺ	
CITY-ST-ZIP			3,4, CI	ITY-ST-	ZIP				
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NAME	- ,		4 2 N	4, 2 NAME				ł	
	nnees:			4.3 STREET ADDRESS				ļ	
STREET ADDRESS				4.4 CITY-ST-ZIP				1	
CITY-ST-ZIP		☐ DELETE	_		<u> </u>		Char	nge 🔲 Addition	
TITLE			5.1 TITLE 5.2 NAME				المارات ال	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
NAME			1		DODECC	•		Į	
STREET ADDRESS			ı		DORESS			(
CITY-ST-ZIP				TY-ST-	ZIP		<u> </u>	F=3 + 1 Fe	
TITLE		☐ DELETE	6.1 TIT	TLE			Chai	nge 🗀 Addition	
NAME			62 NA	AME				ì	
STREET ADDRESS			6.3 ST	REET A	DDRESS				
OUTY OT TIP			6.4 CI	TY-ST-	ZIP			ſ	

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 and address, with all other like empowered.

SIGNATURE: