FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 17 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000073338 (3)**

1. Corporation Name
TIFFANY GALLERIES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
5252 S. TAMIAMI TRAIL SARASOTA FL 34231	5252 S. TAMIAMI TRAIL SARASOTA FL 34231

3. Date Incorporated or Qualified: **10/06/1994** | 3a. Date of Last Report:

2. Principal Place of Business (21) | 2a. Mailing Address (26)

4. FEI Number: 65-0561331 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23) | City & State (28)

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24) / Country (25) | Zip (29) / Country (30)

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

* KURVIN, STEPHEN H
7 SOUTH LIME AVE
SARASOTA FL 34237

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	TIFFANY, ROBERT M	12 NAME	
STREET ADDRESS	5252 S. TAMIAMI TRAIL	13 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34231	14 CITY-ST-ZIP	
TITLE		21 TITLE	President ☐ Change ☑ Addition
NAME		22 NAME	Christopher Quattlebaum
STREET ADDRESS		23 STREET ADDRESS	611 45th St. E
CITY-ST-ZIP		24 CITY-ST-ZIP	Bradenton, Fl. 34208
TITLE		31 TITLE	Vice President ☐ Change ☑ Addition
NAME		32 NAME	Valerie Quattlebaum
STREET ADDRESS		33 STREET ADDRESS	611 45th St. E
CITY-ST-ZIP		34 CITY-ST-ZIP	Bradenton, Fl 34208
TITLE		41 TITLE	Secretary ☐ Change ☑ Addition
NAME		42 NAME	Valerie Quattlebaum
STREET ADDRESS		43 STREET ADDRESS	611 45th St E
CITY-ST-ZIP		44 CITY-ST-ZIP	Bradenton, Fl 34208
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: _____ 4/11/95 813-748-4679
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Robert Tiffany, Director

090007 CP