

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

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**Feb 04 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000073338 (3)
 1. Corporation Name
TIFFANY GALLERIES, INC.



Principal Place of Business 5252 S. TAMiami TRAIL SARASOTA FL 34231	Mailing Address 5252 S. TAMiami TRAIL SARASOTA FL 34231-4260
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3. Date Incorporated or Qualified 10/06/1994	3a. Date of Last Report 05/23/1996
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2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29
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4. FEI Number 65-0561331	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	TIFFANY, ROBERT M
STREET ADDRESS	5252 S. TAMiami TRAIL
CITY-ST-ZIP	SARASOTA FL 34231
TITLE	PRES <input checked="" type="checkbox"/> DELETE
NAME	CHRISTOPHER QUATTLEBAUM
STREET ADDRESS	611 45TH STREET E
CITY-ST-ZIP	BRADENTON FL
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	VALERIE QUATTLEBAUM
STREET ADDRESS	611 45TH ST E
CITY-ST-ZIP	BRADENTON FL
TITLE	SEC <input checked="" type="checkbox"/> DELETE
NAME	VALERIE QUATTLEBAUM
STREET ADDRESS	611 45TH ST E
CITY-ST-ZIP	BRADENTON FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PRES <input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	SEC / VP
43 STREET ADDRESS	TIFFANY, BARBARA
44 CITY-ST-ZIP	5252 S. TAMiami TRAIL
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	SARASOTA, FL 34231
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do 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 Date _____ Day/Time Phone # _____

CR2E034 (9/96)