

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

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000024402 (6)**

1. Corporation Name

DESIGNS BY TIFFANY, INC.

Principal Place of Business

5353 ASCOT BEND
BOCA RATON FL 33496
US

Mailing Address

5353 ASCOT BEND
BOCA RATON FL 33496
US

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

25

30

Zip

31

Country

9. Name and Address of Current Registered Agent

**HELFT, LUCILLE
5353 ASCOT BEND
BOCA RATON FL 33496**

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

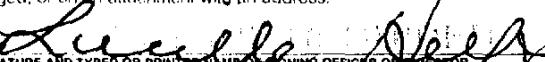
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	NAME	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5353 ASCOT BEND	1.2 NAME
CITY-ST-ZIP	BOCA RATON FL	1.3 STREET ADDRESS
1.4 CITY-ST-ZIP		
TITLE	NAME	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5353 ASCOT BEND	2.2 NAME
CITY-ST-ZIP	BOCA RATON FL	2.3 STREET ADDRESS
2.4 CITY-ST-ZIP		
TITLE	NAME	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5353 ASCOT BEND	3.2 NAME
CITY-ST-ZIP	BOCA RATON FL	3.3 STREET ADDRESS
3.4 CITY-ST-ZIP		
TITLE	NAME	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5353 ASCOT BEND	4.2 NAME
CITY-ST-ZIP	BOCA RATON FL	4.3 STREET ADDRESS
4.4 CITY-ST-ZIP		
TITLE	NAME	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5353 ASCOT BEND	5.2 NAME
CITY-ST-ZIP	BOCA RATON FL	5.3 STREET ADDRESS
5.4 CITY-ST-ZIP		
TITLE	NAME	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5353 ASCOT BEND	6.2 NAME
CITY-ST-ZIP	BOCA RATON FL	6.3 STREET ADDRESS
6.4 CITY-ST-ZIP		

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 with an address.

SIGNATURE: 

3/17/98

SIGNATURE AND TYPE FOR ADDITIONAL INFORMATION REGARDING RECORDS

Phone: 03542177

CR2E034 (10/97)