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**May 01 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F93000000109 (9)

1. Corporation Name
TR AVENUES CORP.



Principal Place of Business: **C/O JONES LANG WOOTON REALTY ADVISORS
101 EAST 52ND STREET
NEW YORK NY 10022**

Mailing Address: **C/O JONES LANG WOOTON REALTY ADVISORS
101 EAST 52ND STREET
NEW YORK NY 10022-6018**

3. Date Incorporated or Qualified: **01/08/1993**
3a. Date of Last Report: **03/05/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21. Commonwealth Realty Advisors	26. Commonwealth Realty Advisors	36-3908645	<input type="checkbox"/> Not Applicable
22. 541 N. Fairbanks Ct. Ste 1800	27. 541 N. Fairbanks Ct. Ste 1800	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. Chicago, IL	28. Chicago, IL	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. 60611	29. 60611	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		10. Name and Address of New Registered Agent	
MILLER, MARK ESQ RUDNICK & WOLFE 101 EAST KENNEDY BOULEVARD, SUITE 2000 TAMPA FL 33602		81. Name	85. Zip Code
		82. Street Address (P.O. Box Number is Not Acceptable)	FL
		83.	
		84. City	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SULLIVAN, FRANK L	1.2 NAME	Robert Schwartz
STREET ADDRESS	101 EAST 52ND STREET	1.3 STREET ADDRESS	541 N. Fairbanks Ct. Suite 1800
CITY-ST-ZIP	NEW YORK NY 10022	1.4 CITY-ST-ZIP	Chicago, IL 60656
TITLE	DP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GROSSMAN, CHARLES	2.2 NAME	Mark Kirinich
STREET ADDRESS	101 EAST 52ND STREET	2.3 STREET ADDRESS	541 N. Fairbanks Ct. Suite 1800
CITY-ST-ZIP	NEW YORK NY 10022	2.4 CITY-ST-ZIP	Chicago, IL 60656
TITLE	VPD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	V/AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEISZ, JOHN A	3.2 NAME	Daniel B. Ault
STREET ADDRESS	101 EAST 52ND STREET	3.3 STREET ADDRESS	541 N. Fairbanks Ct. Suite 1800
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	Chicago, IL 60656
TITLE	ST <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAPPULLA, PETER H.	4.2 NAME	
STREET ADDRESS	101 EAST 52ND STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FURNARY, STEPHEN J	5.2 NAME	
STREET ADDRESS	101 EAST 52ND STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10022	5.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LATIMER, STEPHEN P	6.2 NAME	
STREET ADDRESS	101 EAST 52ND STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10022	6.4 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: Mark P. Kirinich, VP 4/30/97 312/464-0136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)