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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N96000006449 (0)**

1. Corporation Name

ADDISON TRACE MASTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O MITCHELL T. MCRAE. P.A. 2255 GLADES RD. SUITE 405-EAST BOCA RATON FL 33431	C/O MITCHELL T. MCRAE. P.A. 2255 GLADES RD. SUITE 405-EAST BOCA RATON FL 33431-7382

3. Date Incorporated or Qualified: 12/16/1996
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: [X] Applied For [ ] Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

MCRAE, MITCHELL T
2255 GLADES RD, SUITE 405-EAST
BOCA RATON FL 33431

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 617.0502 and 617.1508, 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 617.0503, 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	[ ] DELETE	1.1 TITLE	D P T [ ] Change [X] Addition
NAME		1.2 NAME	Gerald Robinson
STREET ADDRESS		1.3 STREET ADDRESS	2255 Glades Road, Suite 405 East
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	[ ] DELETE	2.1 TITLE	D V [ ] Change [X] Addition
NAME		2.2 NAME	Zave Aberman
STREET ADDRESS		2.3 STREET ADDRESS	2255 Glades Road, Suite 405 East
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	[ ] DELETE	3.1 TITLE	D S [ ] Change [X] Addition
NAME		3.2 NAME	Jerry Schiff
STREET ADDRESS		3.3 STREET ADDRESS	2255 Glades Road, Suite 405 East
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	[ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	5.1 TITLE	[ ] Change [ ] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	6.1 TITLE	[ ] Change [ ] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gerald Robinson SIGNED 4/28/97 (561) 241-6600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Gerry Robinson
Date Daytime Phone #