


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 768565 (4)
 1. Corporation Name
TOWN AND RANCH ESTATES ASSOCIATION, INC.



Principal Place of Business 12715 ROLLING ROAD DRIVE MIAMI FL 33156-5646	Mailing Address 12715 ROLLING ROAD DRIVE MIAMI FL 33156-5646
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3. Date Incorporated or Qualified 05/20/1983	3a. Date of Last Report 02/23/1996
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2. Principal Place of Business 21 12320 VISTA LANE Suite, Apt. #, etc. 22	2a. Mailing Address 26 12320 VISTA LANE Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23 City & State PINECREST, FL 33156 Zip 33156	28 City & State PINECREST, FL Zip 33156	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 type="checkbox"/> Yes <input type="checkbox"/> No
25 Country USA	30 Country USA		

9. Name and Address of Current Registered Agent KISH, TIMOTHY E., ESQ. 1221 BRICKELL AVE. 6TH FLOOR MIAMI FL 33131	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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLTON, ROGER	1.2 NAME	AIDMAN, RODGER
STREET ADDRESS	12715 ROLLING ROAD DR.	1.3 STREET ADDRESS	12320 VISTA LANE
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	PINECREST, FL 33156
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, STEVE	2.2 NAME	LEVINE, DAVID
STREET ADDRESS	5840 MOSS RANCH RD.	2.3 STREET ADDRESS	12401 MOSS RANCH ROAD
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	PINECREST, FL 33156
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SECRETARY SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUMBERGER, MARTHA M.	3.2 NAME	SINGER, ALLEN
STREET ADDRESS	5755 SUNCREST DR.	3.3 STREET ADDRESS	5911 SUNCREST DRIVE
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	PINECREST, FL 33156
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TREASURER TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEINL, LARRY	4.2 NAME	BRADLEY, KAREN
STREET ADDRESS	5801 MOSS RANCH ROAD	4.3 STREET ADDRESS	12240 VISTA LANE
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI, FL 33156
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONDSCHN, LEN	5.2 NAME	
STREET ADDRESS	12700 ROLLING ROAD DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ (305) 194-2121

CR2E037 (9/96)