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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M06739 (0)
1. Corporation Name
I.R.E. ADVISORS SERIES 27, CORP.

Principal Place of Business
P.O. BOX 5403
FT LAUDERDALE FL 33310-5403

Mailing Address
P.O. BOX 5403
FT LAUDERDALE FL 33310-5403

FILED
May 15 1997 8:00am
Secretary of State



2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3. Date Incorporated or Qualified 3/22/1984	3a. Date of Last Report 05/01/1996
4. F.I. Number 59-2476087	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LEVAN, ALAN B. 1750 E. SUNRISE BLVD. 3RD FLOOR FT LAUDERDALE FL 33304		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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVAN, ALAN B.	1.2 NAME	
STREET ADDRESS	1750 SUNRISE BLVD. 3RD FLOOR	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL 33304	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCENRY, CARL E.B. JR.	2.2 NAME	
STREET ADDRESS	1750 SUNRISE BLVD. 3RD FLOOR	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL 33304	2.4 CITY - ST - ZIP	
TITLE	SV	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILBERT, GLEN R.	3.2 NAME	
STREET ADDRESS	1750 SUNRISE BLVD. 3RD FLOOR	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERTNOY, EARL	4.2 NAME	
STREET ADDRESS	1750 SUNRISE BLVD. 3RD FLOOR	4.3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL 33304	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ GLEN R. GILBERT
Signature and Typed or Printed Name of Signing Officer or Director
Date: 4/30/97 Daytime Phone #: 954-760-5200
0200400