

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

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May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000009086 (6)

1. Corporation Name
ADDISON RESERVE REALTY, INC.

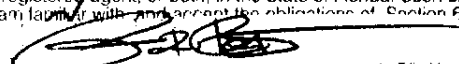
Principal Place of Business 7120 SOUTH BENEVA ROAD SARASOTA FL 34238	Mailing Address 7120 SOUTH BENEVA ROAD SARASOTA FL 34238-2850
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2. Principal Place of Business 21 7150 ADDISON RESERVE BLVD.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 02/02/1995		3a. Date of Last Report 04/12/1996	
22 City & State 23 DELRAY BEACH, FL		27 City & State 28		4. FEI Number 10-0604121 65-0563091		Applied For Not Applicable	
24 Zip 33446		25 Country US		29 Zip 30		30 Country	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent PERNA, CRAIG A G/O TAYLOR WOODROW/KENCO, LTD. 7350 LINTON BLVD. DELRAY BEACH FL 33446				10. Name and Address of New Registered Agent 81 Name PESHKIN, JOHN R. 82 Street Address (P.O. Box Number is Not Acceptable) c/o TAYLOR WOODROW/KENCO, LTD. 83 7120 S. BENEVA ROAD 84 City SARASOTA FL 85 Zip Code 34238			
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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 NAME STREET ADDRESS CITY - ST - ZIP	DR PESHKIN, JOHN R 7120 SOUTH BENEVA ROAD SARASOTA FL 34238 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD <input type="checkbox"/> DELETE PERNA, CRAIG 7120 SOUTH BENEVA ROAD SARASOTA FL 34238	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT <input type="checkbox"/> DELETE CLAYTON, KATHERYN B 7120 SOUTH BENEVA ROAD SARASOTA FL 34238	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	C LAYTON, KATHRYN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <input type="checkbox"/> DELETE MALONEY, KATHIE 7120 SOUTH BENEVA ROAD SARASOTA FL 34238	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS <input type="checkbox"/> DELETE CHOROST, AARON 7150 ADDISON RESERVE BLVD. DELRAY BEACH FL 33446	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/97 (941) 927-0999
Date Daytime Phone #

CR2E034 (9/96)