

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

**FILED**

**May 07 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000079358 (4)**

1. Corporation Name  
**POLO TRACE MANAGEMENT, INC.**



Principal Place of Business <b>13397 HAGEN RANCH ROAD DELRAY BEACH FL 33446</b>	Mailing Address <b>13397 HAGEN RANCH ROAD DELRAY BEACH FL 33446-3618</b>
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3. Date Incorporated or Qualified <b>10/16/1995</b>	3a. Date of Last Report <b>12/09/1996</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>65-0616868</b>	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
23. Zip Country	28. Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Zip	25. Country	29. Zip	30. Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>GRANET, LLOYD ESQ. 5200 TOWN CENTER CIRCLE SUITE 301 BOCA RATON FL 33488</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	<b>FL</b> 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) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRAFFEO, JOSEPH</b>	1.2 NAME	
STREET ADDRESS	<b>13397 HAGEN RANCH RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33446</b>	1.4 CITY-ST-ZIP	
TITLE	DVPT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GALANTE, JOSEPH</b>	2.2 NAME	
STREET ADDRESS	<b>13397 HAGEN RANCH ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33446</b>	2.4 CITY-ST-ZIP	
TITLE	DS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMOLEV, IRA</b>	3.2 NAME	
STREET ADDRESS	<b>13397 HAGEN RANCH ROAD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33446</b>	3.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>INELLI, ANDREW</b>	4.2 NAME	
STREET ADDRESS	<b>13397 HAGEN RANCH ROAD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33446</b>	4.4 CITY-ST-ZIP	
TITLE	DVAS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSTOFF, HARRIETT</b>	5.2 NAME	
STREET ADDRESS	<b>13397 HAGEN RANCH ROAD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33446</b>	5.4 CITY-ST-ZIP	
TITLE	<input 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joseph Galante* **JOSEPH GALANTE** 4/29/97 (561) 455-5000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0006741

CR2E034 (9/96)