

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 APR -8 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000001583 (3)

1. Corporation Name
2600 ISLAND BOULEVARD, INC.



Principal Place of Business: 7900 ISLAND BLVD. N. MIAMI BEACH FL 33160
Mailing Address: 7900 ISLAND BLVD. N. MIAMI BEACH FL 33160-4906

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		03/29/1994		05/01/1996	
22		27		4. FEI Number		Applied for	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0452770		Not Applicable	
23		28		5. Certificate of Status Desired		\$8.75 Additional	
City & State		City & State		X		Fee Required	
24		29		6. Election Campaign Financing		\$5.00 May Be	
Zip		Zip		Trust Fund Contribution		Added to Fees	
Country		Country		□		□	
25		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
□ Yes		□ No		□ Yes □ No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MATUS, ALAN 7900 ISLAND BLVD. N. MIAMI BEACH FL 33160				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83 000002136520--0			
				-04/08/97--01072--016			
				84 City			
				*****165.00 FL *****165.00			

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 registering) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DPS	□ DELETE		1.1 TITLE	□ Change □ Addition		
NAME	MATUS, ALAN			1.2 NAME	000002136520--0		
STREET ADDRESS	7900 ISLAND BLVD.			1.3 STREET ADDRESS	-04/08/97--01072--017		
CITY-ST-ZIP	N. MIAMI BEACH FL 33160			1.4 CITY-ST-ZIP	*****8.75 *****8.75		
TITLE	VAST	□ DELETE		2.1 TITLE	□ Change X Addition		
NAME	VOLLRATH, ROBERT			2.2 NAME	D VOLLRATH, ROBERT		
STREET ADDRESS	7900 ISLAND BLVD.			2.3 STREET ADDRESS			
CITY-ST-ZIP	N. MIAMI BEACH FL			2.4 CITY-ST-ZIP			
TITLE		□ DELETE		3.1 TITLE	□ Change X Addition		
NAME				3.2 NAME	V LIEB, JAMES M.		
STREET ADDRESS				3.3 STREET ADDRESS	7900 ISLAND BLVD.		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	N. MIAMI BEACH FL 33160		
TITLE		□ DELETE		4.1 TITLE	□ Change X Addition		
NAME				4.2 NAME	V WEINER, BRUCE		
STREET ADDRESS				4.3 STREET ADDRESS	7900 ISLAND BLVD.		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	N. MIAMI BEACH FL 33160		
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			

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: _____ James Lieb, E.V.P. April 7, 1997 (305) 937-7800

JB4-8-97

CR2E034 (9/96)