

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 03 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F94000001583 (3)
 1. Corporation Name

2600 ISLAND BOULEVARD, INC.

Principal Place of Business
 7800 ISLAND BLVD.
 N. MIAMI BEACH FL 33160

Mailing Address
 7800 ISLAND BLVD.
 N. MIAMI BEACH FL 33160



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/29/1994

4. FEI Number

65-0452770

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

MATUS, ALAN
 7900 ISLAND BLVD.
 N. MIAMI BEACH FL 33160

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPS
 NAME MATUS, ALAN
 STREET ADDRESS 7900 ISLAND BLVD.
 CITY-ST-ZIP N. MIAMI BEACH FL 33160

1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE VAST
 NAME VOLLRATH, ROBERT
 STREET ADDRESS 7900 ISLAND BLVD.
 CITY-ST-ZIP N. MIAMI BEACH FL

2.1 TITLE DVAST
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE D
 NAME VOLLRATH, ROBERT
 STREET ADDRESS 7900 ISLAND BLVD.
 CITY-ST-ZIP N. MIAMI BEACH FL

3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE V
 NAME LIEB, JAMES M
 STREET ADDRESS 7900 ISLAND BLVD.
 CITY-ST-ZIP N. MIAMI BEACH FL 33180

4.1 TITLE VAS
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE V
 NAME WEINER, BRUCE
 STREET ADDRESS 7900 ISLAND BLVD.
 CITY-ST-ZIP N. MIAMI BEACH FL 33180

5.1 TITLE VAS
 5.2 NAME FINVARE, ROBERT I.
 5.3 STREET ADDRESS 7900 ISLAND BLVD.
 5.4 CITY-ST-ZIP N. MIAMI BEACH, FL 33160

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE AS
 6.2 NAME TORPEY, CARITE
 6.3 STREET ADDRESS 7900 ISLAND BLVD.
 6.4 CITY-ST-ZIP N. MIAMI BEACH, FL 33160

14. I 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 on an attachment with an address.

SIGNATURE: Robert Finvare, Vice President/Asst Secretary 8-6-98 305-937-7823

CR2E034 (5/98)