

4-25-97 B-5476-C

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

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Apr 25 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 # **P27660** (0)  
1. Corporation Name  
**3000 ISLAND BOULEVARD, INC.**



Principal Place of Business <b>C/O WILLIAMS ISLAND ASSOCIATES, LTD. 7900 ISLAND BLVD NORTH MIAMI BEACH FL 33160</b>	Mailing Address <b>C/O WILLIAMS ISLAND ASSOCIATES, LTD. 7900 ISLAND BLVD NORTH MIAMI BEACH FL 33160-4906</b>
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3. Date Incorporated or Qualified **01/10/1990**      3a. Date of Last Report **04/28/1996**

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	22. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number <b>13-3039541</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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  
**MATUS, ALAN  
7900 ISLAND BLVD.  
NORTH 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
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 <b>PD</b>	<b>TRUMP, EDDIE</b> 4000 ISLAND BLVD. N MIAMI BEACH FL	<input checked="" type="checkbox"/> DELETE	
TITLE <b>V</b>	<b>LIEB, JAMES M.</b> 7900 ISLAND BLVD. NORTH MIAMI BEACH FL	<input type="checkbox"/> DELETE	
TITLE <b>CTD</b>	<b>TRUMP, JULIUS</b> 4000 ISLAND BLVD. N MIAMI BEACH FL	<input checked="" type="checkbox"/> DELETE	
TITLE <b>AS</b>	<b>TORPEY, CARITE L.</b> 7900 ISLAND BLVD. NORTH MIAMI BEACH FL	<input type="checkbox"/> DELETE	
TITLE <b>VD</b>	<b>MATUS, ALAN</b> 7900 ISLAND BLVD. NO. MIAMI BEACH FL	<input type="checkbox"/> DELETE	5.1 TITLE <b>P, S</b>
TITLE <b>VAS</b>	<b>VOLLRATH, ROBERT</b> 7900 ISLAND BLVD. N MIAMI BEACH FL	<input type="checkbox"/> DELETE	5.2 NAME <b>MATUS, ALAN</b>
			5.3 STREET ADDRESS
			5.4 CITY-ST-ZIP
			6.1 TITLE <b>T D</b>
			6.2 NAME <b>VOLLRATH, ROBERT</b>
			6.3 STREET ADDRESS
			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: Robert Vollrath      4-16-97      305-937-7884  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/96)