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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

DOCUMENT # F93000004564 (1)

1. Corporation Name
4000 HOLDINGS, INC.



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

3. Date Incorporated or Qualified: **10/11/1993**
3a. Date of Last Report: **05/01/1996**
4. FEI Number: **65-0445957**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MATUS, ALAN
7900 ISLAND BLVD
NORTH MIAMI BEACH FL 33160**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATUS, ALAN	1.2 NAME	
STREET ADDRESS	7900 ISLAND BLVD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH MIAMI BEACH FL 33160	1.4 CITY - ST - ZIP	
TITLE	VAST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VOLLRATH, ROBERT	2.2 NAME	D VOLLRATH, ROBERT
STREET ADDRESS	7900 ISLAND BLVD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH MIAMI BEACH FL	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	V
STREET ADDRESS		3.3 STREET ADDRESS	LIEB, JAMES M.
CITY - ST - ZIP		3.4 CITY - ST - ZIP	7900 ISLAND BLVD. N. MIAMI BEACH, FL 33160
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	A/S
STREET ADDRESS		4.3 STREET ADDRESS	TORPEY, SCARITE
CITY - ST - ZIP		4.4 CITY - ST - ZIP	7900 ISLAND BLVD. N. MIAMI BEACH, FL 33160
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		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: *Robert Vollrath* **Robert Vollrath 4-16-97 305-937-7884**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CP2E034 (9/96)