

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

FILED

**Jun 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 # 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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/11/1993	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0445957	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip Country	28	Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

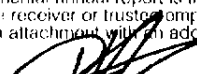
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MATUS, ALAN 7900 ISLAND BLVD NORTH MIAMI BEACH FL 33160				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
				FL	

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	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PSD MATUS, ALAN	12 NAME	
STREET ADDRESS	7900 ISLAND BLVD.	13 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	14 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D VOLLRATH, ROBERT	22 NAME	VP, T
STREET ADDRESS	7900 ISLAND BLVD.	23 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V LIEB, JAMES M	32 NAME	
STREET ADDRESS	7900 ISLAND BLVD.	33 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL	34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AS TORPEY, CARITE	42 NAME	
STREET ADDRESS	7900 ISLAND BLVD.	43 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL	44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52 NAME	VP, AS
STREET ADDRESS		53 STREET ADDRESS	Finvarb, Robert
CITY-ST-ZIP		54 CITY-ST-ZIP	7900 Island Blvd N. Miami Beach, FL 33160
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	500002547795
STREET ADDRESS		63 STREET ADDRESS	-06/04/98--01033--051
CITY-ST-ZIP		64 CITY-ST-ZIP	***600.00

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, or on an attachment with an address.

SIGNATURE:  **Robert I. Finvarb, V.P., A.S. 4/24/98 (305) 937-7823**

CR2E034 (10/97)