

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

FILED  
Apr 17 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 # F93000004567 (4)

1. Corporation Name  
3000 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		26		4. FEI Number 65-0445954	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		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	
23		28			
Zip	Country	Zip	Country		
24		29			

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

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	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	7900 ISLAND BLVD. NORTH MIAMI BEACH FL 33160			1.4 CITY-ST-ZIP			
TITLE	VAST	<input type="checkbox"/> DELETE		2.1 TITLE	V/T/AS/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	VOLLRATH, ROBERT			2.2 NAME			
STREET ADDRESS	7900 ISLAND BLVD.			2.3 STREET ADDRESS			
CITY-ST-ZIP	7900 ISLAND BLVD. NORTH MIAMI BEACH FL			2.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		3.1 TITLE	V/AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LIEB, JAMES M			3.2 NAME			
STREET ADDRESS	7900 ISLAND BLVD.			3.3 STREET ADDRESS			
CITY-ST-ZIP	N. MIAMI BEACH FL 33160			3.4 CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TORPEY, CARITE			4.2 NAME			
STREET ADDRESS	7900 ISLAND BLVD.			4.3 STREET ADDRESS			
CITY-ST-ZIP	N. MIAMI BEACH FL 33160			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	V/AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				5.2 NAME	FINVARB, ROBERT I.		
STREET ADDRESS				5.3 STREET ADDRESS	7900 Island Boulevard		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	North Miami Beach, FL 33160		
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 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. 2/20/98 (305) 937-7823

CR2E034 (10/97)