


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

FILED

Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F93000005303 (3)**

1. Corporation Name
2000 ISLAND BOULEVARD, INC.

Principal Place of Business
**7900 ISLAND BOULEVARD
NORTH MIAMI BEACH FL 33160**

Mailing Address
**7900 ISLAND BOULEVARD
NORTH MIAMI BEACH FL 33160-4806**



3. Date Incorporated or Qualified 11/19/1993		3a. Date of Last Report 05/01/1996	
4. FEI Number 65-0452965		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	28 Zip		
24 Country	29 Country		
25	30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MATUS, ALAN 7900 ISLAND BOULEVARD 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 BOULEVARD	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VAST <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VOLLRATH, ROBERT	2.2 NAME	VOLLRATH, ROBERT
STREET ADDRESS	7900 ISLAND BOULEVARD	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	LIEB, JAMES
STREET ADDRESS		3.3 STREET ADDRESS	7900 ISLAND BLVD.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	N. MIAMI BEACH, FL 33160
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	WEINER, BRUCE
STREET ADDRESS		4.3 STREET ADDRESS	7900 ISLAND BLVD.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	N. MIAMI BEACH, FL 33160
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	A/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	TORPEY, CARITE
STREET ADDRESS		5.3 STREET ADDRESS	7900 ISLAND BLVD.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	N. 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 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Vollrath

4-16-97

305-937-7884

Date

Daytime Phone #

0217639

CR2E034 (9/96)