

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J60311 (4)
1. Corporation Name
30,000, INC.

Principal Place of Business
720 MAGNOLIA STREET
~~P.O. BOX 1904~~
NEW SMYRNA BEACH FL 32168
US

Mailing Address
% DAVID J. WILEY
~~P.O. BOX 1904~~
NEW SMYRNA BEACH FL 32170-1904

FILED
Sep 22 1997 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 720 MAGNOLIA STREET		26 720 MAGNOLIA ST		03/01/1987		08/12/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 NEW SMYRNA BEACH FL		59-2831245		Not Applicable	
24 Zip		25 Country		5. Certificate of Status Desired		8. This corporation owes or has paid the current year Intangible	
29 32168		30 VOLUSIA		6. Election Campaign Financing		Personal Property Tax due June 30.	
				Trust Fund Contribution		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
				7. Additional Fee Required		\$8.75	
				May Be Added to Fees		\$5.00	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WILEY, DAVID J. 720 MAGNOLIA AVE NEW SMYRNA BEACH FL 32168				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	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SNYDER, CHARLES E.			1.2 NAME			
STREET ADDRESS	7046 BETTY ST			1.3 STREET ADDRESS			
CITY-ST-ZIP	GOLDENROD FL			1.4 CITY-ST-ZIP			
TITLE	PTD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILEY, DAVID J.			2.2 NAME			
STREET ADDRESS	907 N. ATLANTIC AVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	NEW SMYRNA BEACH FL			2.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GOLDSMITH, MARY JO			3.2 NAME			
STREET ADDRESS	504 N DIXIE			3.3 STREET ADDRESS			
CITY-ST-ZIP	NEW SMYRNA BEACH FL			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
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: *[Signature]* David Wiley 9/17/97

CR2E034 (4/97)