

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 06, 1999 8:00 am**  
**Secretary of State**

08-06-1999 90003 017 \*\*\*550.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **M42536**

1. Corporation Name  
**3900 ISLAND BOULEVARD, INC.**



DO NOT WRITE IN THIS SPACE

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

Mailing Address  
**7900 ISLAND BLVD  
 NORTH MIAMI BEACH FL 33160**

3. Date Incorporated or Qualified  
**12/02/1986**

4. FEI Number  
**59-2829152**

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 owes the current year Intangible Personal Property.  Yes  No

2. Principal Place of Business  
 21  
 Suite, Apt. #, etc.  
 22  
 City & State  
 23  
 Zip  
 24

2a. Mailing Address  
 26  
 Suite, Apt. #, etc.  
 27  
 City & State  
 28  
 Zip  
 29

Country  
 25  
 Country  
 30

9. Name and Address of Current Registered Agent  
**MATUS, ALAN  
 7900 ISLAND BLVD  
 NORTH MIAMI BEACH FL 33160**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 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 Robert Finvarb, Vice President DATE 7/28/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VTAS	<input checked="" type="checkbox"/> DELETE
NAME	VOLLRATH, ROBERT	
STREET ADDRESS	7900 ISLAND BLVD	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE	PSD	<input type="checkbox"/> DELETE
NAME	MATUS, ALAN	
STREET ADDRESS	7900 ISLAND BLVD	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	LIEB, JAMES	
STREET ADDRESS	7900 ISLAND BLVD.	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	TORPEY, CARITE	
STREET ADDRESS	7900 ISLAND BLVD.	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	FINVARB, ROBERT I	
STREET ADDRESS	7900 ISLAND BOULEVARD	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 Finvarb, Vice President DATE 7/28/99 305937-7823  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/99)