


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

FILED  
Apr 16 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # M63523 (8)</b> 1. Corporation Name <b>BANKATLANTIC VENTURE PARTNERS 3, INC.</b>			
Principal Place of Business <b>% JOHN E. ABDO 1750 E SUNRISE BLVD FT. LAUDERDALE FL 33304</b>		Mailing Address <b>% JOHN E. ABDO 1750 E SUNRISE BLVD FT. LAUDERDALE FL 33304</b>	
<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		<b>2a. Mailing Address</b> 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country	
<b>9. Name and Address of Current Registered Agent</b> <b>CARVALHO, JEAN 1750 E SUNRISE BLVD FT. LAUDERDALE FL 33304</b>		<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
<b>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.</b>			
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE	PD	1.1 TITLE	
NAME	ABDO, JOHN E.	1.2 NAME	
STREET ADDRESS	1750 E SUNRISE BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	
NAME	CARVALHO, JEAN	2.2 NAME	
STREET ADDRESS	1750 E.SUNRISE BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT.LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	VP/T
NAME	EANES, JASPER R	3.2 NAME	GILBERT, GLEN
STREET ADDRESS	1750 E.SUNRISE BLVD.	3.3 STREET ADDRESS	1750 E. Sunrise Blvd.
CITY-ST-ZIP	FT.LAUDERDALE FL	3.4 CITY-ST-ZIP	Ft. Lauderdale, FL
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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:**

*Jeann Carvalho*

**Jeann Carvalho**

**Secretary**

*1/16/98*

**954-760-5018**

CR2E034 (10/97)