
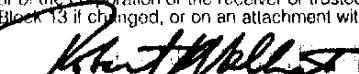


4-25-97B-5476-C

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. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P27660 (0) 1. Corporation Name 3000 ISLAND BOULEVARD, INC.			
Principal Place of Business C/O WILLIAMS ISLAND ASSOCIATES, LTD. 7800 ISLAND BLVD NORTH MIAMI BEACH FL 33160		Mailing Address C/O WILLIAMS ISLAND ASSOCIATES, LTD. 7800 ISLAND BLVD NORTH MIAMI BEACH FL 33160-4906	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 01/10/1990		3a. Date of Last Report 04/28/1996	
4. FEI Number 13-3039541		Applied For 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			
9. Name and Address of Current Registered Agent MATUS, ALAN 7800 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 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			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	11. TITLE
NAME	TRUMP, EDDIE		12. NAME
STREET ADDRESS	4000 ISLAND BLVD.		13. STREET ADDRESS
CITY - ST - ZIP	N MIAMI BEACH FL		14. CITY - ST - ZIP
TITLE	V	<input type="checkbox"/> DELETE	21. TITLE
NAME	LIEB, JAMES M.		22. NAME
STREET ADDRESS	7900 ISLAND BLVD.		23. STREET ADDRESS
CITY - ST - ZIP	NORTH MIAMI BEACH FL		24. CITY - ST - ZIP
TITLE	CTD	<input checked="" type="checkbox"/> DELETE	31. TITLE
NAME	TRUMP, JULIUS		32. NAME
STREET ADDRESS	4000 ISLAND BLVD.		33. STREET ADDRESS
CITY - ST - ZIP	N MIAMI BEACH FL		34. CITY - ST - ZIP
TITLE	AS	<input type="checkbox"/> DELETE	41. TITLE
NAME	TORPEY, CARITE L.		42. NAME
STREET ADDRESS	7900 ISLAND BLVD.		43. STREET ADDRESS
CITY - ST - ZIP	NORTH MIAMI BEACH FL		44. CITY - ST - ZIP
TITLE	VD	<input type="checkbox"/> DELETE	51. TITLE
NAME	MATUS, ALAN		52. NAME
STREET ADDRESS	7900 ISLAND BLVD.		53. STREET ADDRESS
CITY - ST - ZIP	NO. MIAMI BEACH FL		54. CITY - ST - ZIP
TITLE	VAS	<input type="checkbox"/> DELETE	61. TITLE
NAME	VOLLRATH, ROBERT		62. NAME
STREET ADDRESS	7900 ISLAND BLVD.		63. STREET ADDRESS
CITY - ST - ZIP	N MIAMI BEACH FL		64. CITY - ST - ZIP
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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: 		Robert Vollrath	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4-16-97 Daytime Phone # 305-937-7884	

CR2E034 (9/96)