

FILED

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

1. Corporation Name
3000, INC.

Mailing Address
12021 MCCORMICK ROAD, STE. 1008
JACKSONVILLE FL 32225-5535

3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address	
21	1914 Beachway Rd. Suite, Apt. #, etc.	26	1914 Beachway Rd. Suite, Apt. #, etc.
22	Suite 20 City & State	27	Suite 20 City & State
23	Tax, F1 32207	28	Tax, 1
24	Zip 32207	29	Zip 32207
25	Country Duval	30	Country Duval

4. FEI Number 59-3397704	Applied For
	Not Applicable

6. 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

URANE, DARWIN
12021 MCCORMICK ROAD, STE. 1008
JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent

81	Name	DARWIN	URANE
----	------	--------	-------

62	Street Address (P.O. Box Number is Not Acceptable)
----	--

83	1914 Beachway Rd. Suite 20
----	----------------------------

84	City	Tax	FL	85	Zip Code
					32207

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

Nami Ural General Manager 5-1-97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.	OFFICERS AND DIRECTORS
TITLE	D
NAME	URANE, DARWIN
STREET ADDRESS	12021 MCCORMICK ROAD, STE. 1006
CITY, ST, ZIP	JACKSONVILLE FL 32225

DATE	DATE
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP

NAME	
NAME	
STREET ADDRESS	
CITY-STATE	

NAME	
ADDRESS	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
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	

PROPERTY OWNER		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.1 TITLE			
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			

	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.1 TITLE		
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		

	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
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: Dan Ulane DANIEL ULANE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-97 (904) 815-4048

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Value

Nextline Phone ■

0097153

CR2E034 (9/96)