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FILED
Apr 24 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 # P96000039031 (5)

1. Corporation Name
W.I. 2800 PROPERTY INVESTMENTS CORP.



Principal Place of Business Mailing Address

C/O ADAM R. SCHIFFMAN, P.A.
2999 NE 191ST ST SUITE 900
AVENTURA FL 33180

C/O ADAM R. SCHIFFMAN, P.A.
2999 NE 191ST ST SUITE 900
AVENTURA FL 33180-3117

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 3500 ISLAND BLVD	26 3500 ISLAND BLVD	04/26/1996	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22 PH #1	27 PH #1	65-0670822	<input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 WILLIAMS ISLAND FL	28 WILLIAMS ISLAND FL	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24 33160	25 USA	29 33160	30 USA

9. Name and Address of Current Registered Agent

ADAM R. SCHIFFMAN, P.A.
2999 NE 191 ST
SUITE 900
AVENTURA FL 33180

10. Name and Address of New Registered Agent

81 Name **ROBERT G. KUEHN, CIA**

82 Street Address (P.O. Box Number is Not Acceptable)
2800 SOUTH OCEAN BLVD.

83 **SUITE 26**

84 City **POCA RATON** FL 85 Zip Code **33432**

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]* DATE: **4/17/97**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HOFMANN, THOMAS	
STREET ADDRESS	2999 NE 191 ST SUITE 900.	
CITY-ST-ZIP	AVENTURA FL 33180.	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	C/O MARION LADG
1.4 CITY-ST-ZIP	3500 ISLAND BLVD WILLIAMS ISLAND FL 33160
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	

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]* DATE: **4/17/97** (76) 750-0001

CR2E034 (9/96)