

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

FILED
Apr 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 561744 (4)
 1. Corporation Name
GROVE ISLE CLUB, INC.



Principal Place of Business FOUR GROVE ISLE DR COCONUT GROVE FL 33133	Mailing Address 2701 S BAYSHORE DR PENTHOUSE COCONUT GROVE FL 33133 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/10/1978	
21	22	26	27	4. FEI Number 59-1907194	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROTHSTEIN, LAWRENCE I 2701 S BAYSHORE DR PENTHOUSE COCONUT GROVE FL 33133				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE	11 TITLE	P/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WEINER, MAURICE		12 NAME	MAURICE WIEJER			
STREET ADDRESS	2701 SO. BAYSHORE DR.		13 STREET ADDRESS	2701 S. BAYSHORE DRIVE			
CITY-ST-ZIP	COCONUT GROVE FL		14 CITY-ST-ZIP	COCONUT GROVE FL 33133			
TITLE	PTD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GRAY, LEE		2.2 NAME				
STREET ADDRESS	2701 S BAYSHRE DR		2.3 STREET ADDRESS				
CITY-ST-ZIP	COCONUT GROVE FL		2.4 CITY-ST-ZIP				
TITLE	VPSD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ROTHSTEIN, LAWRENCE		3.2 NAME				
STREET ADDRESS	2701 S BAYSHORE DR		3.3 STREET ADDRESS				
CITY-ST-ZIP	COCONUT GROVE FL		3.4 CITY-ST-ZIP				
TITLE	VPAS	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CAMAROTTI, CARLOS		4.2 NAME				
STREET ADDRESS	2701 S BAYSHORE DR		4.3 STREET ADDRESS				
CITY-ST-ZIP	COCONUT GROVE FL		4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
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: *Carlos Camarotti* **CARLOS CAMAROTTI 3/25/98 (305) 855-6702**

CR2E034 (10/97)