

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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90205 008 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 561744

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24	29
25	30

3. Date Incorporated or Qualified	Applied For
03/10/1978	Not Applicable
4. FEI Number	
59-1907194	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation owes the current year intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

ROTHSTEIN, LAWRENCE I
 2701 S BAYSHORE DR
 PENTHOUSE
 COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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	D	<input type="checkbox"/> DELETE
NAME	WEINER, MAURICE	
STREET ADDRESS	2701 SO. BAYSHORE DR.	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WIENER, MAURICE	
STREET ADDRESS	2701 S BAYSHORE DR	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	VPSD	<input type="checkbox"/> DELETE
NAME	ROTHSTEIN, LAWRENCE	
STREET ADDRESS	2701 S BAYSHORE DR	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	VPAS	<input type="checkbox"/> DELETE
NAME	CAMAROTTI, CARLOS	
STREET ADDRESS	2701 S BAYSHORE DR	
CITY-ST-ZIP	COCONUT GROVE FL	
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	C/O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WIENER, MAURICE	
1.3 STREET ADDRESS	2701 S. BAYSHORE DRIVE	
1.4 CITY-ST-ZIP	COCONUT GROVE, FL 33133	
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	D/P/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ROTHSTEIN, LAWRENCE	
3.3 STREET ADDRESS	2701 S. BAYSHORE DRIVE	
3.4 CITY-ST-ZIP	COCONUT GROVE, FL 33133	
4.1 TITLE	V/PAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CAMAROTTI, CARLOS	
4.3 STREET ADDRESS	2701 S. BAYSHORE DRIVE	
4.4 CITY-ST-ZIP	COCONUT GROVE, FL 33133	
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		

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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED

4/8/99 (305) 854-6803

CR2E034 (11/98)