

FROM :

FAX NO. : 12128266136

FILED
Aug 17, 2000 8:00 am
Secretary of State

06-07-2000 90438 048 ***150.00

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

6/7

PROFIT
CORPORATION
ANNUAL REPORT
2000



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

DOCUMENT # F93000001750

1. Corporation Name
JOAN GROBER, INC.

(R)

Principal Place of Business
3170 SOUTH OCEAN BLVD
804 N
PALM BEACH FL 33480

Mailing Address
3170 SOUTH OCEAN BLVD
804 N
PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

KAHN, WAXMAN & TAUB, P.C.
7251 WEST PALMETTO PARK ROAD
BOCA RATON FL 33433

3. Date Incorporated or Qualified

04/09/1993

4. FEI Number

06-1188321

Applied For

Not Applicable

5. 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 owes the current year Intangible
Personal Property Tax.

Yes No

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 607.1506, 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: *Joan Grober*

(NOTE: Registered Agent signature required when testifying)

DATE

5/1/00

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME
PTCD
GROBER, JOAN
2. STREET ADDRESS
3170 SOUTH OCEAN BLVD.
3. CITY-ST-ZIP
PALM BEACH FL 33480
4. TITLE
VSD
5. NAME
GROBER, AL
6. STREET ADDRESS
3170 SOUTH OCEAN BLVD.
7. CITY-ST-ZIP
PALM BEACH FL 33480
8. TITLE
[] DELETE
9. NAME
[] DELETE
10. STREET ADDRESS
[] DELETE
11. CITY-ST-ZIP
[] DELETE
12. NAME
[] DELETE
13. STREET ADDRESS
[] DELETE
14. CITY-ST-ZIP
[] DELETE
15. NAME
[] DELETE
16. STREET ADDRESS
[] DELETE
17. CITY-ST-ZIP
[] DELETE

1. NAME
[] Change [] Addition
2. STREET ADDRESS
[] Change [] Addition
3. CITY-ST-ZIP
[] Change [] Addition
4. TITLE
[] Change [] Addition
5. NAME
[] Change [] Addition
6. STREET ADDRESS
[] Change [] Addition
7. CITY-ST-ZIP
[] Change [] Addition
8. TITLE
[] Change [] Addition
9. NAME
[] Change [] Addition
10. STREET ADDRESS
[] Change [] Addition
11. CITY-ST-ZIP
[] Change [] Addition
12. NAME
[] Change [] Addition
13. STREET ADDRESS
[] Change [] Addition
14. CITY-ST-ZIP
[] Change [] Addition
15. TITLE
[] Change [] Addition
16. NAME
[] Change [] Addition
17. STREET ADDRESS
[] Change [] Addition
18. CITY-ST-ZIP
[] Change [] Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Joan Grober*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/9/00 X

212-764-6760

FROM :

FAX NO. : 12128266136

107418
Aug. 09 2000 04:09PM P1

TREBATCH LICHTENSTEIN AVRUTINE
a n d c o m p a n y

950 Third Avenue
New York, New York 10022
212-826-5050
Fax: 212-826-6136

FAX TRANSMITTAL COVER SHEET

DATE: 8/19/00

TO: RITA

FAX NO: 730 - 8297

FROM: DAVID ROSEN

TOTAL OF PAGES FAXED INCLUDING COVER SHEET: 2

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PAGES, PLEASE CALL 212-826-5050.

ADDITIONAL MESSAGE:

Sign at bottom & Mail to:

DIVISION of Corporations
P.O. Box 6327
Tallahassee, Florida 32314