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1998 APR 20 AM 11:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                                                       |                                                                                   |                                                                                                           |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **P94000037666 (2)**

1. Corporation Name

**DRS. GRABOIS FIRESTONE HALFON & LEBOW, P.A.**



|                                                                                                  |                                                                                      |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>21100 BISCAYNE BLVD. STE. 312<br/>NO. MIAMI BEACH FL 33180</b> | Mailing Address<br><b>21100 BISCAYNE BLVD. STE. 312<br/>NO. MIAMI BEACH FL 33180</b> |
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DO NOT WRITE IN THIS SPACE

|                                                                                                                                 |                                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br><b>21</b> Suite, Apt. #, etc.<br><b>22</b> City & State<br><b>23</b> Zip<br><b>24</b> Country | 2a. Mailing Address<br><b>26</b> <b>4651 SHERIDAN STREET</b><br>Suite, Apt. #, etc.<br><b>27</b> <b>SUITE 400</b><br>City & State<br><b>28</b> <b>HOLLYWOOD FL</b><br>Zip<br><b>29</b> Country<br><b>30</b> |
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|                                                                                                                                                                            |                                       |                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>05/16/1994</b>                                                                                                                     | 4. FEI Number<br><b>65-0493024</b>    | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                               | <b>\$8.75</b> Additional Fee Required |                                                        |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>                                                                                      | <b>\$5.00</b> May Be Added to Fees    |                                                        |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                       |                                                        |

|                                                                                                                                          |                                                                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9. Name and Address of Current Registered Agent<br><b>FREEDMAN, SANFORD A<br/>11900 BISCAYNE BLVD. STE. 780<br/>NORTH MIAMI FL 33181</b> | 81 Name<br><b>JAY A. MARTUS</b><br>82 Street Address (P.O. Box Number is Not Acceptable)<br><b>4651 SHERIDAN STREET</b><br>83 City<br><b>SUITE 400 HOLLYWOOD FL 33021</b><br>84 City<br><b>HOLLYWOOD</b> |
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|                                                                                                                                    |
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| 10. Name and Address of New Registered Agent<br><b>JAY A. MARTUS<br/>4651 SHERIDAN STREET<br/>SUITE 400<br/>HOLLYWOOD FL 33021</b> |
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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 *Jay A. Martus* (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS                              |                                            |
|---------------------------------------------------------|--------------------------------------------|
| TITLE<br><b>D</b>                                       | <input checked="" type="checkbox"/> DELETE |
| NAME<br><b>GRABOIS, B M MD</b>                          |                                            |
| STREET ADDRESS<br><b>211100 BISCAYNE BLVD. STE. 312</b> |                                            |
| CITY-ST-ZIP<br><b>NO. MIAMI BEACH FL 33180</b>          |                                            |
| TITLE<br><b>D</b>                                       | <input checked="" type="checkbox"/> DELETE |
| NAME<br><b>FIRESTONE, MARK A MD</b>                     |                                            |
| STREET ADDRESS<br><b>211100 BISCAYNE BLVD. STE. 312</b> |                                            |
| CITY-ST-ZIP<br><b>NO. MIAMI BEACH FL 33180</b>          |                                            |
| TITLE<br><b>D</b>                                       | <input checked="" type="checkbox"/> DELETE |
| NAME<br><b>HALFON, ISAAC MD</b>                         |                                            |
| STREET ADDRESS<br><b>211100 BISCAYNE BLVD. STE. 312</b> |                                            |
| CITY-ST-ZIP<br><b>NO. MIAMI BEACH FL 33180</b>          |                                            |
| TITLE<br><b>D</b>                                       | <input type="checkbox"/> DELETE            |
| NAME                                                    |                                            |
| STREET ADDRESS                                          |                                            |
| CITY-ST-ZIP                                             |                                            |
| TITLE<br><b>D</b>                                       | <input type="checkbox"/> DELETE            |
| NAME                                                    |                                            |
| STREET ADDRESS                                          |                                            |
| CITY-ST-ZIP                                             |                                            |
| TITLE<br><b>D</b>                                       | <input type="checkbox"/> DELETE            |
| NAME                                                    |                                            |
| STREET ADDRESS                                          |                                            |
| CITY-ST-ZIP                                             |                                            |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12        |                                                                                         |
|--------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| 1.1 TITLE<br><b>P-D</b>                                      | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME<br><b>MITCHELL EISENBERG</b>                        |                                                                                         |
| 1.3 STREET ADDRESS<br><b>4651 SHERIDAN STREET, SUITE 400</b> |                                                                                         |
| 1.4 CITY-ST-ZIP<br><b>HOLLYWOOD FL 33021</b>                 |                                                                                         |
| 2.1 TITLE<br><b>EVP-D</b>                                    | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME<br><b>LEWIS GOLD</b>                                |                                                                                         |
| 2.3 STREET ADDRESS<br><b>4651 SHERIDAN STREET, SUITE 400</b> |                                                                                         |
| 2.4 CITY-ST-ZIP<br><b>HOLLYWOOD FL 33021</b>                 |                                                                                         |
| 3.1 TITLE<br><b>VP-S</b>                                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| 3.2 NAME<br><b>JAY A. MARTUS</b>                             |                                                                                         |
| 3.3 STREET ADDRESS<br><b>4651 SHERIDAN STREET, SUITE 400</b> |                                                                                         |
| 3.4 CITY-ST-ZIP<br><b>HOLLYWOOD FL 33021</b>                 |                                                                                         |
| 4.1 TITLE<br><b>COO</b>                                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| 4.2 NAME<br><b>MICHAEL SCHONDLER</b>                         |                                                                                         |
| 4.3 STREET ADDRESS<br><b>4651 SHERIDAN STREET, SUITE 400</b> |                                                                                         |
| 4.4 CITY-ST-ZIP<br><b>HOLLYWOOD FL 33021</b>                 |                                                                                         |
| 5.1 TITLE<br><b>T-D</b>                                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| 5.2 NAME<br><b>DENNIS GATES</b>                              |                                                                                         |
| 5.3 STREET ADDRESS<br><b>4651 SHERIDAN STREET, SUITE 400</b> |                                                                                         |
| 5.4 CITY-ST-ZIP<br><b>HOLLYWOOD FL 33021</b>                 |                                                                                         |
| 6.1 TITLE<br><b>VP</b>                                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME<br><b>MICHAEL GRABOIS</b>                           |                                                                                         |
| 6.3 STREET ADDRESS<br><b>21110 BISCAYNE BLVD, SUITE 312</b>  |                                                                                         |
| 6.4 CITY-ST-ZIP<br><b>NMB, FL 33180</b>                      |                                                                                         |

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 checked, or in my statement with the corporation.

SIGNATURE: *Jay A. Martus* **DRS. GRABOIS, FIRESTONE, HALFON & LEBOW, P.A.** **4/16/98** **954-988-7770**

CR2E034 (10/97)