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PROFIT CORPORATION ANNUAL REPORT **1999**

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

99 MAR 15 PM 7:53

DOCUMENT # P94000037666

1. Corporation Name
DRS. GRABOIS, FIRESTONE, HALFON & LEBOW, INC.

Principal Place of Business	Mailing Address
21100 BISCAYNE BLVD SUITE 312 NORTH MIAMI BEACH FL 33180	4651 SHERIDAN STREET SUITE 400 HOLLYWOOD FL 33021

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	25	29	30

3. Date Incorporated or Qualified
05/16/1994

4. FEI Number
65-0493024
[ ] 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 owns the current year Intangible Personal Property Tax [X] Yes [ ] No

9. Name and Address of Current Registered Agent

MARTUS, JAY A
4651 SHERIDAN STREET
SUITE 400
HOLLYWOOD FL 33021

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 607.1508, 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	[ ] DELETE	11 TITLE		[ ] Change [ ] Addition
NAME	EISENBERG, MITCHELL		12 NAME	500000284144S---1	
STREET ADDRESS	4651 SHERIDAN STREET., STE 400		13 STREET ADDRESS	-04/16/98--01008--012	
CITY-ST-ZIP	HOLLYWOOD FL 33021		14 CITY-ST-ZIP	***4350.00 ****150.00	
TITLE	EVD	[ ] DELETE	21 TITLE		[ ] Change [ ] Addition
NAME	GOLD, LEWIS		22 NAME		
STREET ADDRESS	4651 SHERIDAN STREET., STE 400		23 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33021		24 CITY-ST-ZIP		
TITLE	D	[ ] DELETE	31 TITLE	C&O/D	[X] Change [ ] Addition
NAME	SCHUNDLER, MICHAEL		32 NAME		
STREET ADDRESS	4651 SHERIDAN STREET., STE 400		33 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33021		34 CITY-ST-ZIP		
TITLE		[ ] DELETE	41 TITLE	VP/S	[ ] Change [X] Addition
NAME			42 NAME	JAY A MARTUS	
STREET ADDRESS			43 STREET ADDRESS	4654 SHERIDAN STREET, SUITE 400	
CITY-ST-ZIP			44 CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		[ ] DELETE	51 TITLE		[ ] Change [ ] Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		[ ] DELETE	61 TITLE		[ ] Change [ ] Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 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: DRS. GRABOIS, FIRESTONE, HALFON & LEBOW, INC. By: Jay A. Martus V.P. April 13, 1999 (954)986-7770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Jay A. Martus, VP

CR2E034 (11/98)