PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000092544

1. Corporation Name

GLASSMAN DEVELOPMENT CORP.

Principal	Place	of	Business		

Mailing Address

C/O FROMBERG, FROMBERG, LEWIS & BRECKER PA

C/O FROMBERG. FROMBERG. LEWIS & BRECKER PA

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90094 038 ***150.00



2. Date Incorporation of Deutries 2. Mailing Address 2. Mailing Address 2. Date Incorporation of Deutries 2. Date Incorporation 2. Date Incorporation 3. Date Incorporation			20801 BISCAYNE BLVD. #505		DO NOT WRITE IN THIS SPACE			
2. Pirfocopil Place of Business 2a Mailing Address 2cl C/O CHARLES D. BRECKER, ES 5c C/O CHARLES D. BRECKER, ES 65.6645340 Not Applicable Not A	AVENTURA FL 3	AVENTURA FL 33180 AVENTURA FL 33180						
2. Pirfocopil Place of Business 2a Mailing Address 2cl C/O CHARLES D. BRECKER, ES 5c C/O CHARLES D. BRECKER, ES 65.6645340 Not Applicable Not A					12/04/1995		}	
Subject Subj	2 Principal Pl	ace of Business			4. FEI Number	App	lied For	
Salite, Apt. #, etc. 27 100 N. F. 3rd Ave. , #280	ZIC/O CH	RLES D. BRECKER, ESC	c/o CHARLES	D. BRECKER	^{, ESQ} 65-0645340	Not	Applicable	
State City & City & State City	Suite, Apt. a	¥, etc.	Suite, Apt. #, etc.	ron, et al	_	7		
23 Ft. Lauderdale, FL 28 Ft. Lauderdale, FL 29 Touring 20 20 20 20 20 20 20 2	22 100 N.H	E. 3rd Ave., #280	27 100 N.E. 3rd	Ave., #280	5. Certificate of Status Desired	Fee Red	uired	
20	City & State				1 -	•	, ,	
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Street Address (P.O. Box Number is Not Acceptable) 13. Name (CRPCO, INC. 14. City Mi.ami. 14. City Mi.ami. 15. Williami. 16. PL 85 2/3/3/3/3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			20		Trust Fund Contribution		Fees	
BRECKER, CHARLES D ESQ	^		— ````` `	רוכיז ד				
BRECKER, CHARLES D E99 CYO FROMBERO, FROMBERO, BRECKER, ET AL 2690 BISCAYNE BLVD, STE. 565 AVENTURA FT. 33180 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the acceptance of control of 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 607,6506, Florida Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. AMARC I A FAILST. Vice President OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS IN 12 ITIE PD GLASSMAN, LARRY D STREET ADDRESS GITY-ST-ZP FEMBROKE PINES FL 33028 TILE AS STREET ADDRESS GITY-ST-ZP FEMBROKE PINES FL 33028 TILE AVENUE AVENU	24 33301	10	29 5) OSA				
BRECKER, CHARLES D E30 C/O FROMBERG, FROMBERG, BRECKER, ET AL 28001 BISCAYNE BLOY, 5TE-505 AVENTURA FL 33180 82 Street Address (P.O. Box Number is Not Acceptable) 26.99 South Bayshore Drive, 7th Fl. 83 City Miami FL 84 City Miami FL 85 Zip Code, 3313.3 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids. Statutes SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME STREET ADDRESS 16117 NW 15 STREET QLASSMAN, STEVEN M STREET ADDRESS 16117 NW 15 STREET QLASSMAN, STEVEN M STREET ADDRESS 16117 NW 15 STREET QLASSMAN, STEVEN M STREET ADDRESS 16117 NW 15 STREET QLASSMAN, STEVEN M STREET ADDRESS 16117 NW 15 STREET QLASSMAN, STEVEN M STREET ADDRESS 16117 NW 15 STREET QLASSMAN, STEVEN M STREET ADDRESS 16117 NW 15 STREET QLASSMAN, STEVEN M STREET ADDRESS 16117 NW 15 STREET QLASSMAN, STEVEN M STREET ADDRESS 16117 NW 15 STREET QLASSMAN, STEVEN M STREET ADDRESS 16117 NW 15 STREET QLASSMAN, STEVEN M STREET ADDRESS 16117 NW 15 STREET QLASSMAN, STEVEN M STREET ADDRESS 16117 NW 15 STREET QLASSMAN, STEVEN M STREET ADDRESS 16117 NW 15 STREET QLASSMAN, STEVEN M STREET ADDRESS 16117 NW 15 STREET QLASSMAN, STEVEN M STREET ADDRESS 16117 NW 15 STREET QLASSMAN, STEVEN M STREET ADDRESS 16117 NW 15 STREET QLASSMAN, STEVEN M STREET ADDRESS 16117 NW 15 STREET QLASSMAN, STEVEN M STREET ADDRESS 16117 NW 15 STREET QLASSMAN, STEVEN M STREET ADDRESS 16117 NW 15 STREET QLASSMAN, STEVEN		9. Name and Address of Current	Registered Agent	81 Name		ı Agent		
C/O FROMBERO, FROMBERO, BRECKER, EF At 26001 BISCANNE BLVD, STE. 505 — AVENTURA PL 33180 — 84 City Miami FL 85 Zip.Code, 3313.3 11. Pursual the provisions of Sections 607.0502 and 607.1508, Florida Statutus, the above-named corporation submits this statement for the purpose of changing its registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutus, the above-named corporation submits this statement for the purpose of changing its registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutus, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutus, the above-named corporation should of directors. I hereby accept the approach agent, and accept the obligations of, Section 607.0505, Florida Statutus, the above-named corporation should office from familiar with, and accept the obligations of, Section 607.0505, Florida Statutus, the above-named corporation should be corporation	DOCA	YED-PHARIES N-ESA						
28801 BISCANNE BLYD: STE: 505— AVENTURA FL 33180 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered signature, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered signature of the purpose of changing its registered office or registered signature. I am familiar with, and accept the obligations of, Section 607.0505, Florids Statutes. SIGNATURE PD GLASSMAN, LARRY D GLASSMAN, LARRY D GLASSMAN, LARRY D GLASSMAN, LARRY D GLASSMAN, STEVEN TITLE VSTD GLASSMAN, STEVEN MAGE STREET ADDRESS GLYV-ST-ZP PEMBROKE PINES FL 33028 TITLE AS XXXDELETE 31 TITLE 32 SIRRET ADDRESS GLYV-ST-ZP PEMBROKE PINES FL 33028 TITLE AS XXXDELETE 31 TITLE AS XXXDELETE 31 STREET ADDRESS GLYV-ST-ZP FEMBROKE PINES FL 33028 TITLE AVP GLASSMAN STEVEN AVENTURE AVP GLASSMAN STEVEN STREET ADDRESS GLYV-ST-ZP FEMBROKE PINES FL 33028 TITLE AVP GLASSMAN STEVEN AVENTURE AVP GLASSMAN STEVEN STREET ADDRESS GLYV-ST-ZP FEMBROKE PINES FL 33028 TITLE AVP GLASSMAN STEVEN STREET ADDRESS GLYV-ST-ZP FEMBROKE PINES FL 33028 TITLE AVP GLASSMAN STEVEN STREET ADDRESS GLYV-ST-ZP FEMBROKE PINES FL 33028 TITLE AVP GLASSMAN STEVEN AVENTURE AVP AVENTURE					Address (P.O. Box Number is Not Acceptable)	7+b F]		
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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 originator of profices or registered agent, or both, in the State of Florida, Such change was pubmicated by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Such change was pubmicated by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Such change was pubmicated by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Such change was pubmicated by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Such change was pubmicated by the corporation's board of directors. I hereby accept the appointment as registered or defended agent and the state of Florida, Such change was publicated by the corporation's board of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered or defended agent and the state of Florida, Such change was publicated. SIGNATURE 12.	14461	11010112 00100		84 City	Mi ami	85 Zip Ç	ode 3133	
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SIGNATURE Signature Signature Signature of periods name of Refluence agent and ly a supplement (PAT a supplement Agent diagnature required depen invariable) 12.	office or re	egistered agent, or both, in the State of	Florida. Such change was auth	orized by the corpo	ration's board of directors. I hereby accept the app	ointment as reg	istered	
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TITLE	12.					AND DIRECTOR		
STREET ADDRESS 16117 NW 15 STREET 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		PD	☐ DELETE	1.1 TITLE		Change	☐ Addition	
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AVENTURA Ft 33180	NAME			1	c/o KATZ BARRON, et al.			
TITLE	f	·	SUITE 505		100 N.E. 3rd Avenue, Suite	≥ #280		
NAME			Clocutte	-	Ft. Lauderdate, FL 33301		Addition	
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CITY-ST-ZIP		·						
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NAME 6.2 NAME		PEMBRUKE PINES FL 33028	☐ DELETE			☐ Change	Addition	
NAME	}							
6.3 STREET ADDRESS				6.3 STREET ADDRESS				

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP