

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

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May 10, 1999 8:00 am
Secretary of State

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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 20801 BISCAYNE BLVD. #505 AVENTURA FL 33180	C/O FROMBERG, FROMBERG, LEWIS & BRECKER PA 20801 BISCAYNE BLVD. #505 AVENTURA FL 33180

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 c/o CHARLES D. BRECKER, ESQ KATZ BARRON, et al.		26 c/o CHARLES D. BRECKER, ESQ KATZ BARRON, et al.		65-0645340		Not Applicable	
22 Suite, Apt. #, etc. 100 N.E. 3rd Ave., #280		27 Suite, Apt. #, etc. 100 N.E. 3rd Ave., #280		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 City & State Ft. Lauderdale, FL		28 City & State Ft. Lauderdale, FL		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24 Zip 33301		29 Zip 33301		30 Country USA		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				10. Name and Address of New Registered Agent			
BRECKER, CHARLES D ESQ C/O FROMBERG, FROMBERG, BRECKER, ET AL 20801 BISCAYNE BLVD, STE 505 AVENTURA FL 33180				81 Name CORPCO, INC.			
				82 Street Address (P.O. Box Number is Not Acceptable) 2699 South Bayshore Drive, 7th Fl.			
				83			
				84 City Miami		85 Zip Code 33133	

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 *Marc L. Faust, Vice Pres.* **MARC L. FAUST, Vice President** 4/26/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD GLASSMAN, LARRY D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	16117 NW 15 STREET	1.2 NAME	
STREET ADDRESS	PEMBROKE PINES FL 33028	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VSTD GLASSMAN, STEVEN M	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	16117 NE 15 STREET	2.2 NAME	
STREET ADDRESS	PEMBROKE PINES FL 33028	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	AS STRAUB, JO ANN	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	16117 NW 15 STREET	3.2 NAME	
STREET ADDRESS	PEMBROKE PINES FL 33028	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	AVP BRECKER, CHARLES D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	20801 BISCAYNE BOULEVARD, SUITE 505	4.2 NAME	
STREET ADDRESS	AVENTURA FL 33180	4.3 STREET ADDRESS	c/o KATZ BARRON, et al.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	100 N.E. 3rd Avenue, Suite #280 Ft. Lauderdale, FL 33301
TITLE	AS CAMPOPIANO, LILA	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	16117 NW 15 ST	5.2 NAME	
STREET ADDRESS	PEMBROKE PINES FL 33028	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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]* **SIGNATURE REQUIRED** 4/29/99 (954) 435-8008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)