FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

P96000000070 (8) DOCUMENT #

GLENN E. GOLDSTEIN, INC.

Principal Place of Business			Mailing Address			E IRBANDOF NO AUTO ONAL BUSI	. O 181 00411 00111 001	17 60 111 00 111 11	JULI BULI 1641	
712 US HWY ONE NORTH PALM BEACH FL 33408			712 US HWY ONE NORTH PALM BEAC	712 US HWY ONE NORTH PALM BEACH FL 33408						
					3	3. Date Incorporated or Qua 12/22/1995	lified 3a. Dat	e of Last Re	port	
2. Pri	incipal Place of B	lusiness	2a. Mailing Address 26		4	FEI Number	5-0643	> V/ ― ―	Applied For Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #. etc.					Additional		
22			27	27		 Certificate of Status Dosir 	ea L	Fee F	Required	
Cit 23	City & State		Orty & State			Election Campaign Finance Trust Fund Contribution	sing		May Be i to Fees	
Zı;)	Country 25	Zip 29	Count y	8	This corporation has liabil Florida Statutes [ty for intangible t] Yes IXM √o	ax under s	199.032,	
<u> </u>	9. N	ame and Address of Curri			1(0. Name and Address of I	New Registered	Agent		
				6 1 N	lame					
COHEN, FRED C 712 US HWY ONE NORTH PALM BEACH FL 33408					treet Address (I	et Address (P.O. Box Number is Not Acceptable)				
ľ	TORTH FALM	DEMONT PE 30400						1221 -		
				84 0	Bity		FL	85 Zip	Code	
l o	or registered agen	rovisions of Sections 607.050 it, or both, in the State of Flo accept the obligations of, Se	rida. Such change was auth	iorized by the corpora	ned corporation tion's board of	submits this statement for t directors. Thereby accept the	he purpose of ch e appointment a	nanging its re s registered	egistered office agent. I ani	
SIGN	ATURE			(NOTe: Brusseel Archiso	1 * 1.4		DATE			
12.	Segnature	typed or printed name of registered age OFFICERS A	nt and two flapple and ND D'RECTORS	(NOTE: Brig state Agriculture 13.	rabin fequit di &' e.	ADDITIONS/CHANGES T		D DIRECTO	RS IN 12	
TITLE	P/	D/S/T	DELETE	1 I TITE				☐ Change	Addition	
NAME	GL	ENN E. GOLDSTE	IN	1.2 NAM						
STREET	STREET ADDRESS 4 Grand Bay Circle CHTY-ST-ZIP Juno Beach, FL 33		le	1.3 STRE T ADD	DRESS					
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NAME				4.2 NAM						
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NAME	r vuluotice			5.2 NAM : 5.3 STRLET ADD	neess					
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NAME				6.2 NAVI						
1	T ADDRESS			6.3 STHEET ACH	DRESS					
CITY-S	1			6.4 CITY -ST - Z						

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and dives not qualify for the exemption stated in Section 119 07(3)(k). 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 enipowere) to execute his 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 articless

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)