

FILE NOW: FILING FEE IS \$61.25

FILED

May 12 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **708738** (0)

1. Corporation Name

**JACOB A. GLASSMAN RESEARCH FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**600 SOUTH SHORE DRIVE  
MIAMI BEACH FL 33141**

**600 SOUTH SHORE DRIVE  
MIAMI BEACH FL 33141-2406**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/05/1965</b>	3a. Date of Last Report <b>04/26/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-6166953</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GLASSMAN, J. A.  
600 S. SHORE DR.  
MIAMI BEACH FL 33141**

81 Name **ELINOR GLASSMAN**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**600 S. SHORE DR**  
83  
84 City **Miami Beach** FL 85 Zip Code **33141**

11. Pursuant to the provisions of Sections 611.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*Elinor Glassman*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/14/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLASSMAN, J. A.	1.2 NAME	<b>MARSHA GLAZIERE D</b>
STREET ADDRESS	600 SOUTH SHORE DRIVE	1.3 STREET ADDRESS	<b>1366 AIKEN AVE</b>
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32207</b>
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLEWETT, NAT	2.2 NAME	<b>DR. STUART GLASSMAN D</b>
STREET ADDRESS	9240 W. BAY HARBOR DRIVE	2.3 STREET ADDRESS	<b>1215 LUGANO DRIVE</b>
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	<b>JACKSONVILLE, NC 28791</b>
TITLE	SD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCUS, LEONARD	3.2 NAME	<b>DR. DEAN GLASSMAN D</b>
STREET ADDRESS	4325 W. DAVIS	3.3 STREET ADDRESS	<b>4270 POINT LA VISTA W D</b>
CITY-ST-ZIP	SKOKIE IL	3.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32227</b>
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLASSMAN, ELINOR	4.2 NAME	
STREET ADDRESS	600 SOUTH SHORE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIATT, JACK B	5.2 NAME	
STREET ADDRESS	90 W. CHESTNUT ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON PA	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELINOR GLASSMAN</b>	6.2 NAME	
STREET ADDRESS	<b>600 S. SHORE DRIVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	6.4 CITY-ST-ZIP	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Elinor Glassman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0029760**

CR2E037 (9/96)