

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000004349 (5)

1. Corporation Name

GLASPO CORP.



Principal Place of Business

Mailing Address

12TH FLOOR PACKARD BLDG.
15TH & CHESTNUT STREETS
PHILADELPHIA PA 19102

12TH FLOOR PACKARD BLDG.
15TH & CHESTNUT STREETS
PHILADELPHIA PA 19102

2. Principal Place of Business

2a. Mailing Address

21 7652 SANDERLING ROAD

26 7652 SANDERLING ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 SARASOTA, FLORIDA

28 SARASOTA, FLORIDA

Zip Country

Zip Country

24 34242

29 34242

9. Name and Address of Current Registered Agent

POSEL, RAMON
7652 SANDERLING ROAD
SARASOTA FL 34242

3. Date Incorporated or Qualified

09/06/1995

3a. Date of Last Report

4. FEI Number
23- 2236380

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☐ No ☒

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 chief of application

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PC ☐ DELETE

NAME POSEL, RAMON
STREET ADDRESS 7652 SANDERLING ROAD
CITY-ST-ZIP SARASOTA FL 34242

TITLE VC ☐ DELETE

NAME POSEL, SIDNEY L
STREET ADDRESS 108 EAST 10TH ST.
CITY-ST-ZIP NEW YORK NY 10003

TITLE STD ☐ DELETE

NAME GLASGOW, EDWIN L
STREET ADDRESS 1113 EDGE HILL ROAD
CITY-ST-ZIP ABINGTON PA 19001

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 330 WENNER WAY
3.4 CITY-ST-ZIP FORT WASHINGTON, PA 19034

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ramon I. Posel 6/27/96

DATE

CR2E034 (3/96)