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Apr 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F95000004349 (5)

1. Corporation Name  
GLASPO CORP.



Principal Place of Business  
7652 SANDERLING ROAD  
15TH & CHESTNUT STREETS  
SARASOTA FL 34242  
US

Mailing Address  
7652 SANDERLING ROAD  
15TH & CHESTNUT STREETS  
SARASOTA FL 34242-2733  
US

3. Date Incorporated or Qualified  
09/06/1995

3a. Date of Last Report  
07/08/1996

2. Principal Place of Business  
21 7652 SANDERLING ROAD  
Suite, Apt. #, etc.

2a. Mailing Address  
26 7652 SANDERLING ROAD  
Suite, Apt. #, etc.

4. FEI Number  
23-2236380

Applied For  
Not Applicable

22 City & State  
23 SARASOTA, FL

27 City & State  
28 SARASOTA, FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 34242 25 Country

29 Zip 34242 30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POSEL, RAMON  
7652 SANDERLING ROAD  
SARASOTA FL 34242

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

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE STD  
NAME GLASGOW, EDWIN L  
STREET ADDRESS 330 WENNER WAY  
CITY-ST-ZIP FORT WASHINGTON PA

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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 607, 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

Date

Daytime Phone #

CR2E034 (9/96)