

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K33371**

(1)

1. Corporation Name

IRENE GLOZER REALTY CORP.



Principal Place of Business

Mailing Address

**3529 GRIFFIN ROAD
FORT LAUDERDALE FL 33312**

**3529 GRIFFIN ROAD
FORT LAUDERDALE FL 33312**

3. Date Incorporated or Qualified
09/16/1988

3a. Date of Last Report
04/19/1995

4. FEI Number
65-0073475

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

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.
Suite 105

26. Suite, Apt. #, etc.
Suite 105

23. City & State

28. City & State

Ft. Laud. FL.

Ft. Laud. FL.

24. Zip

Country

29. Zip

Country

33334

BRWAD

33334

BRWAD

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MELNICK, MICHAEL
2627 N.E. 203RD STREET
SUITE 115
MIAMI FL 33180**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PST** ☐ DELETE
NAME **GLOZER, IRENE**
STREET ADDRESS **3529 GRIFFIN ROAD**
CITY-ST-ZIP **FORT LAUDERDALE FL 33326**

TITLE **D** ☐ DELETE
NAME **GLOZER, IRENE**
STREET ADDRESS **3529 GRIFFIN ROAD**
CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **IRENE GLOZER**
1.3 STREET ADDRESS **16873 SW 5 Way**
1.4 CITY-ST-ZIP **Ft. Laud. FL 33326**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **IRENE GLOZER**
2.3 STREET ADDRESS **16873 SW 5 Way**
2.4 CITY-ST-ZIP **Ft. Laud. FL 33326**

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

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

SIGNATURE:

Irene Glozer Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96 305-944-8711
Date Daytime Phone #

CR2E034 (12/95)