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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90010 022 ***150.00

DOCUMENT	#	K45838
1 Companion Nome		1110000

Corporation Name

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GLASSBERG & GLASSBERG, P.A.

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Principal Place	e of Business	Mailing Address			C 30018611 045 Abund Atun tanun 19105 kart atau	AIAII DIRII AIAII AI	:011 01011 3003
% DAVID M. GI	LACCREDG	% DAVID M GLASSRERG					
	A AVE. 302- 211 /	\$21450-MADRUGA AVE. STE	802- D	\mathcal{M}			
CORAL GABLES		CORAL GABLES FL 33146			DO NOT WRITE IN THIS	SPACE	
US		US			3. Date Incorporated or Qualifed		
					11/17/1988		
2. Principal Pl	lace of Business	2a. Mailing Address	A 0	~ <i>[</i> 2	4. FEI Number		olied For
21			MU	100 -	59-2710755		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	
22		27					
City & State	е	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 h Added to	
23	Country	Zip	Col	untry	· 		71 663
Zip	Country	⊢	30	unia y	This corporation owes the current year In Personal Property Tax.		□No
24	9. Name and Address of Curre	29 29 Agent	301	1	10. Name and Address of New Registered	/ 	=
	3. Name and Address of Confe	nt Negistered Agent		81 Name			
GLA:	SSBERG, DAVID M.						
	MADRUGA AVE			82 Street Addi	ress (P.O. Box Number is Not Acceptable)		
~ · · 302 -				83			
/ 11	RAL GABLES FL 33146			99			
				84 City	FI	85 Zip C	ode
44 0	to the annulation of Continue 607 DE	100 and 607 1509 Elasida Statut	os the a	hove pamed corn	peration submits this statement for the numose of	f changing its	registered
office or n	egistered agent, or both, in the State	e of Florida. Such change was a	uthorized	d by the corporation	on's board of directors. I hereby accept the appo	intment as reg	istered
agent. I a	m familiar with, and accept the oblig	Alians of, Section 607.0505, Flo	rida Stati	tutes.	. 1/6	199	}
SIGNATURE			. 0	d Agent signature require	of when reinstating)	. //	— ì
12.	Signature, the or eninter name of registres ag	IND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	DPST	DELETE	1.1 TI			Change	Addition
NAME	GLASSBERG, DAVID M.	7	1.2 N				
	OMESO MADRUGA AVE, 302	21.1		TREET ADDRESS			
	CORAL GABLES FL	201		CITY-ST-ZIP			ļ
CITY-ST-ZIP TITLE	COINE CABLES I E	☐ DELETE	2.1 TI		· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME		_	22 N				
							_
STREET ADDRESS			225				_
CITY-ST-ZIP				STREET ADDRESS	•		
TITI C			2.40	STREET ADDRESS		Change	Addition
TITLE		☐ DELETE	2.4 C	CITY-ST-ZIP			Addition
NAME		☐ DELETE	2. 4 C 3 1 TI 3.2 N	STREET ADDRESS CITY-ST-ZIP TITLE IAME			Addition
NAME STREET ADDRESS		☐ DELETE	2. 4 C 3.1 TI 3.2 NJ 3.3 ST	CITY-ST-ZIP ITLE LAME STREET ADDRESS			Addition
NAME STREET ADDRESS CITY-ST-ZIP			2. 4 C 3.1 TI 3.2 NJ 3.3 ST 3.4. C	STREET ADDRESS CITY-ST-ZIP ITLE IAME STREET ADDRESS CITY-ST-ZIP		. Change	Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			2.4 C 3.1 TI 3.2 NJ 3.3 SI 3.4. C 4.1 TI 4.2 N	STREET ADDRESS CITY-ST-ZIP JAME STREET ADDRESS CITY-ST-ZIP JAME NAME		. Change	
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14. I 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 affinal report is true and apcurate and that my sharature 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 with all other like empowered.

SIGNATURE: