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

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

1. Corporation Name

**DOCUMENT #** P93000077859 (5)

OL ADDV	RACHINITAINI	DUB DEDC	MIC
GLASSY	MOUNTAIN	BUILUERS.	INC.

Principal Place of Business 18555 SW 104 AVE		Maiking Address 700 S. ROYAL POINCIANA BLVD.							
MIAMI FL 331	57	SUITE 800 MIAMI SPGS. FL 3316	6			2. Data has proported as Outlied	Tao Day	of Last Report	
		US				3. Date Incorporated or Qualified 11/10/1993	1	4/11/1995	
2. Principal Pla 21	ce of Business	2a. Mailing Address				4. FEI Number 65-0447116		Applied F Not Appli	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				Certificate of Status Desired		\$8.75 Addition	nal
City & State		City & State				6. Election Campaign Financing		Fee Required	
23		28				Trust Fund Contribution		\$5.00 May 8 Added to Fees	
Zip	Country	Zip	a	intry		8. This corporation has liability for	intangible ta s ∷No	x under s. 199.032	2,
24	25 9. Name and Address of Curren	29 t Registered Agent	30	I		Flonda Statutes Yes  10. Name and Address of New		Agent	
· · · · · · · · · · · · · · · · · · ·	3, 1,000	- Hogistorea Agent		81 Na	 me				
C/O HAI	BER & LEWIS, P.A.			<b>82</b> Str	eet Aridres	s (P.O. Box Number is Not Accepta	hie)		
	CAYNE TOWER					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
SUITE 3				83					
MIAMI F	L 33131			<b>84</b> Cit	ў	····	FL	85 Zip Code	
or registere familiar with	o the provisions of Sections 607.0502 ad agent, or both, in the State of Floria n, and accept the obligations of, Sect	ta. Such change was authoriz	red by the i	L III. ove name corporatio	ed corporat on's board	ion submits this statement for the pu of directors. Thereby accept the app	irpose of cha	: L L Inging its registered registered agent. I	d office am
SIGNATURE _	Signature i typed or printed name of register it a just	a vitate otato de al de	mi Bagovera	«Адель задна	atures fee por e−iv	Million - Dept Fig. 1 (1)	DAH		
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OF			
TITLE	PS	☐ DELETE	1, 1 ĭ	TLE				Change C Ado	dition
NAME	BRADLEY, PHILLIP C		12 N						
STREET ADDRESS	700 S. ROYAL POINCIANA B	ELVD., SUITE 800		IREET ADOR	1				
CITY - ST - ZIP TITLE	MIAMI SPGS. FL V	T) DELETE	2 1 1	rTY+ST+7P				Change Add	dition
NAME	WALDRON, GARY	L.J Meerie	22 N				L		0.1.01.
STREET ADDRESS	9745 NE 106TH COURT			ADDA 19081	ESS				
CITY - ST - ZIP	FT. MCCOY FL			IIIY-ST ZIP					
TITLE		DELETE	3 1 1	TITLE				Change Add	ldition
NAME			3 2 N	IAMÉ					
STREET ADDRESS			335	OCA FEBRIA	RESS				
CITY-ST-ZIP				HY ST ZIP					
TITLE		DELETE	4 1 1				E	Change C Ade	dition
NAME			4.2 N						
STREET ADDRESS				TREET ADOR	1				
CHTY-ST-ZIP		☐ DELETE		ITY SI-ZIP			<del>'</del>	Change Ad	Idition
TITLE		[] טנננונ	5.1				L	Change Adv	Julian
NAME CIRCET APPRICES			52 N		icee				
STREET ADDRESS CITY - ST - ZIP				TREET AUDR STY-ST-ZIP	i				
TITLE		[] DELETE	6.1				Г	☐ Change ☐ Ad	dd-tion
NAME			62 N				•		
STREET ADDRESS				oren Street add#	RESS				
CITY-SI-ZIP				) TY - ST - ZIP	į.				
14. I do hereb certify that oath: that	y certify that the information supplied the information indicated on this anni I am an officer or director of the corpo Block 12 or Block 13 schanged, or	ial report or supplemental and oration or the receiver or truste	nual report ee en roowe	is true ar	id accurate	eand that my signature shall have th	e same logal	effect as if made u	under

SIGNATURE:

GARY L WALDRON

4/5/96