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Jan 24 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 # P94000067673 (1)

1. Corporation Name:
LIGHT POINT CORP.



Principal Place of Business
16001 PINES BLVD.
PEMBROKE PINES FL 33028

Mailing Address
16001 PINES BLVD.
PEMBROKE PINES FL 33028

3. Date Incorporated or Qualified
09/12/1994

3a. Date of Last Report
04/23/1996

4. FEI Number
65-0528620

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
21 Suite, Apt #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRECKER, CHARLES D
20801 BISCAYNE BLVD, 505
AVENTURA FL 33180

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D GLASSMAN, BERNARD
% 16001 PINES BLVD.
PEMBROKE PINES FL 33028

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D GLASSMAN, LARRY D
% 16001 PINES BLVD.
PEMBROKE PINES FL 33028

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D GLASSMAN, STEVEN M
% 16001 PINES BLVD.
PEMBROKE PINES FL 33028

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

16117 NW 15 STREET
PEMBROKE PINES FL 33028

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

16117 NW 15 STREET
PEMBROKE PINES FL 33028

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

16117 NW 15 STREET
PEMBROKE PINES FL 33028

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 holder 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVE GLASSMAN VP

1-17-97 954-435-8008

Date

Daytime Phone #

CR2E034 (9/96)