

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0121714

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

DOCUMENT # **P94000067673 (1)**

1. Corporation Name  
**LIGHT POINT CORP.**

98 SEP -4 AM 8:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**18001 PINES BLVD.  
PEMBROKE PINES FL 33028**

Mailing Address  
**18001 PINES BLVD.  
PEMBROKE PINES FL 33028**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/12/1994**

2. Principal Place of Business  
21 **16117 NW 15th Street**

2a. Mailing Address  
26 **16117 NW 15th Street**

4. FEI Number  
**65-0528620**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

22 City & State  
**Pembroke Pines, FL**

27 City & State  
**Pembroke Pines, FL**

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

23 Zip  
**33028** Country  
**USA**

28 Zip  
**33028** Country  
**USA**

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

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)  
**800002836378--0**

83 **09/10/98 01064 003**  
**\*\*\*\*150.00 \*\*\*\*150.00**

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

TITLE ☐ DELETE

NAME  
**D GLASSMAN, BERNARD**  
STREET ADDRESS  
**16117 NW 15 ST**  
CITY-ST-ZIP  
**PEMBROKE PINES FL**

TITLE ☐ DELETE

NAME  
**D GLASSMAN, LARRY D**  
STREET ADDRESS  
**16117 NW 15 ST**  
CITY-ST-ZIP  
**PEMBROKE PINES FL**

TITLE ☐ DELETE

NAME  
**D GLASSMAN, STEVEN M**  
STREET ADDRESS  
**16117 NW 15 ST**  
CITY-ST-ZIP  
**PEMBROKE PINES 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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:

August 18, 1998

(954) 435-8008

CR2E034 (5/98)