

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0031978

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000036805**  
1. Corporation Name  
**GLASSMAN CORPORATION**


Principal Place of Business <b>16117 N.W. 15TH STREET PEMBROKE PINES FL 33028</b>	Mailing Address <b>16117 N.W. 15TH STREET PEMBROKE PINES FL 33028</b>
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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
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9. Name and Address of Current Registered Agent  
**BRECKER, CHARLES D ESQ. ---  
20801 BISCAYNE BLVD. ---  
SUITE 505 ---  
AVENTURA FL 33180 -----**

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 **By: Marc L. Faust, Esq.** *[Signature]* **7/15/99**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GLASSMAN, LARRY D 16117 N.W. 15TH STREET PEMBROKE PINES FL 33028</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GLASSMAN, STEVEN M 16117 N.W. 15TH STREET PEMBROKE PINES FL 33028</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

**FILED**  
**99 JUL 13 PM 4:08**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**  
  
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/24/1997</b>	4. FEI Number <b>65-0762278</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No		

10. Name and Address of New Registered Agent  
81 Name  
**CORPICO, INC.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2899 South Bayshore Dr., 7th Fl.**  
83  
84 City  
**Miami** **FL** 85 Zip Code  
**33133**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>600002942746-9</b> <b>-07/27/99-01040-004</b> <b>****150.00 ****150.00</b>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **Larry Glassman** **7-13-99** **(954) 435-8008**

CR2E034 (5/99)

**KATZ, BARRON, SQUITERO, FAUST & BERMAN, P.A.**

ATTORNEYS AT LAW

FIRST FT. LAUDERDALE PLACE

100 N. E. THIRD AVENUE

SUITE 280

FT. LAUDERDALE, FLORIDA 33301

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MIAMI, FLORIDA 33133  
TELEPHONE (305) 856-2444  
TELECOPIER (305) 285-9227

July 21, 1999

**Via Certified Mail - Return Receipt Requested**

Department of State

P.O. BOX 6327

Tallahassee, FL 32314

Attention: Mr. Tyrone Scott

**Re: Annual Reports**

Dear Mr. Scott:

In accordance with your instruction, please find enclosed 1999 Annual Reports, together with filing fees, for each of the following corporate entities:

**Glassman Corporation  
Light Point Corp.  
L & S Glassman, Inc.**

Please be advised that the first notice of 1999 Annual Report was not received in the mail by the above listed entities, at their respective addresses. A second notice, however, was received, which prompted our clients to research this matter. After a diligent search, our clients informed us that the first notice of 1999 Annual Report was never received via mail from the Department of State.

We are, therefore, filing the respective Annual Reports at this time and wish to thank you in advance for your courtesy in this matter.

Sincerely yours,

  
Marilyn Kalik  
Legal Assistant