**FILED** 

Feb 19, 1999 8:00am

**Secretary of State** 

02-19-1999 90024 039 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700064226

1. Corporation Name

GLASSE	вень а менмен, с.Р.А.:	), P.A.				ı
Dringing! Plac	no of Business	Adailia a Addas a			. <del></del>	
Principal Place of Business Mailing Address						
123 NW 13TH ST 123 NW 13TH ST 313						
BOCA RATON FL 33432 BOCA RATON FL 33432					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed	
<u> </u>					07/24/1997	
	Place of Business 2a. Mailing Address				4. FEI Number Applied For	
21	26 Suite, Apt. #, etc.			22-3529040 Not Applicab	ole	
—					5. Certificate of Status Desired Sectional Fee Required	
22						
23 28					6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees	ļ
Zip	Country	Zip	Count	nv	Trust Fund Contribution Added to Fees  8. This corporation owes the current year Intangible	$\dashv$
24	25	·	30	,	Personal Property Tax.	
	9. Name and Address of Curre				10. Name and Address of New Registered Agent	ᅱ
CLA	CCREDO O MEDMED		8	1 Name		コ
GLASSBERG & MERMER 123 NW 13TH ST				2 Street A	Address (P.O. Box Number is Not Acceptable)	
313			8	3	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	$\dashv$
BOO	CA RATON FL 33432					_
				4 City	FL 85 Zip Code	
_11. Pursuant	to the provisions of Sections 607.05	02 april 607,1508, Florida Statutes	s, the abo	ve-named c	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered	口
agent. I a	am familiar with, and accept the oblig	ations of, Section 607.0505, Florid	da Statute	s.	oranion's board of directors. Thereby accept the appointment as registered	
	Signature, typed or printed name of registered age		Registered Ag	ent signature rec	equired when reinstating) DAT	
12.		ND DIRECTORS	13.	· ·	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	$\perp$
TITLE	D MEDMED DONALD A	☐ DELETE	1.1 TITLE		☐ Change ☐ Addit	100
NAME	MERMER, RONALD A		1.2 NAME			
STREET ADDRESS	400 RELLA BLVD. #213 SUFFERN NY 10901		1	ET ADDRESS		
CITY-ST-ZIP	D	☐ DELETE	1.4 CITY-			_
TITLE	GLASSBERG, ROY	Operate	2.1 TITLE	1	☐ Change ☐ Addit	ion
NAME	400 00114 0110 4040		2.2 NAME			
STREET ADDRESS	SUFFERN NY 10901			ET ADDRESS		- {
CITY-ST-ZIP TITLE	3011 ENIV 141 10301	☐ DELETE	2. 4 CITY 3.1 TITLE	ST-ZIP	☐ Change ☐ Additi	
NAME			3.1 HILE		Change C Audit	٠ ا
STREET ADDRESS				l l		Ì
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TITLE		☐ DELETE	3.4. CITY- 4.1 TITLE	S1-ZIP	☐ Change ☐ Additi	ion
NAME			4. 2 NAME	:		١
STREET ADDRESS	}			ET ADDRESS	,	
CITY-ST-ZIP			4.4 CITY-			
TITLE		☐ DELETE	5.1 TITLE	JI-ZIF	, Change Additi	on
NAME			5.2 NAME			
STREET ADORESS			5.3 STREE	ET ADDRESS		
CITY-ST-ZIP			5.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Additi	on
NAME			6.2 NAME			
STOCET ADDOCSO			6.2 6705	T ADODECC	:	

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 fustee 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 any appear of the corporation of the corpora

SIGNATURE:

CITY-ST-ZIP

REQUIRED