SECOND NOT	TICE: CORPORATION WILL BE DI ON OR BEFORE 09/15/99: \$550 (IF DISSO	SSOLVED ON OR AFTER S LVED, MINIMUM AMOUNT DUE TO	EPTEMBER 15, 1 REINSTATE: \$750)		COMPLETE
· P	PROFIT PORATION AL REPORT	FLORIDA DEPARTI Katherine Secretary of	MENT OF STATE	SECRETARY OF STATE DIVISION OF CORPORATION.	
1	1999	DIVISION OF CO	RPORATIONS	99 OCT 13 PM 4: 59	
DOCU	MENT # S82101			20, 10 111 4: 59	
1. Corporation	Name OOL 101	0.00			
AHUUNU	THE CLOCK - HOUSE CAL	LS, INU.			
Principal Place		Malling Address		4 Måtillig 12+ helig 1685, mak alligi njer ardin andri Avèn andri distri raar	
3097 NE 163RD ST 3097 NE 163RD ST NORTH MIAMI BEACH FL 33160 NORTH MIAMI BEACH FL 3316			80		
11011111 111111111111111111111111111111				DO NOT WRITE IN THIS SPACE	1
				3. Date incorporated or Qualified 09/23/1991	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number Applied For	1
	UE Miami Gardons Or		iami God		Į
Suite, Apt.		Sulte, Apt. #, etc.)	Certificate of Status Desired Section	
City & State	٩	City & State	<u> </u>	6. Election Campaign Financing \$5.00 May Be	1
23 N. M	country PL	28 N. Mary	L Brood, II	Trust Fund Contribution LJ Added to Fees 8. This corporation owes the current year	┨
24 3317	25	29 33179 34	¬ '	Intangible Personal Property. Yes No	
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered Agent	-
GLAS	SSMAN, PAUL				-
3097	NE 163RD ST		82 Street	Addiess (P.O. Box Number is Not Acceptable)]
NOR	TH MIAMI BEACH FL 33160		83 5	ile. 140	
			84 City	Miami Black FL BS 33/79	1
11. Pursuant office or	to the provisions of sections 607.0502 registered agent, or both, in the State cam familiar with and accept the obligate	and 607.1508, Florida Statutes, of Florida, Such change was aut	the above-named of horized by the corp ta Statutes.	corporation submits this statement for the purpose of changing its registered coration's board of directors. I hereby accept the appointment as registered	
SIGNATURE					
12.	Signature, typed or printed name of registered agent OFFICERS AND		Registered Agent signatu 13.	ne required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	∤®
TITLE	DP	DELETE	1.1 TITLE	Change Addition	CR2E034 (5/99)
NAME	GLASSMAN, TODO		1.2 NAME	1380 NE miami Gardens Dr., Ste 140	8
STREET ADDRESS	21115 NE 4TH CT N MIAMI BEÂCH FL		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	N. Miami Brach, FL 33179	12
CITY-ST-ZIP TITLE	DV	DELETE	2.1 TITLE	Change Addition	10
NAME	GLASSMAN, MONICA	<u> </u>	2.2 NAME	1880 NE miani Gardens Dr., Sk 140	
STREET ADDRESS	21115 NE 4TH CT		23 STREET ADDRESS	A) No. 10 1 000	
CITY-ST-ZIP TITLE	N MIAMI BEACH FL DST	DELETE	2.4 CITY-ST-ZIP	Change Addition	;
NAME	GLASSMAN, PAMELA	CM) Detere	3.2 NAME	D 16146	
STREET ADDRESS	21115 NE 4TH CT		3.3 STREET ADDRESS	1380 NE Miami Gordino Dr., Ste 146	
CITY-ST-ZIP	N MIAMI BEACH FL D	Dec. ere	3.4 CITY-ST-ZIP	N. Miami Beach FL 3779 Addition	┨
TITLE NAME	GLASSMAN, AARON	L_j DELETE	4.2 NAME		
STREET ADDRESS	2115 NE 4TH CT.		4.3 STREET ADDRESS	1380 NE Miami Gardens Dr., Ske 140	
CITY-ST-ZIP	N. MIAMI BEACH FL		4.4 CITY-ST-ZIP	W. Wiani Beach, F7. 38179 Uchange Addition	┨
NAME	D Glassman, Erika] DELETE	5.1 TITLE 5.2 NAME	1580 NE Miami Gardens Dr., SP140	ا
STREET ADDRESS	2115 NE 4TH CT.		5.3 STREET ADDRESS	1880 NE Miami Gardens Wr., Sprige	1
CITY-S1-ZIP	N. MIAMI BEACH FL		5.4 CITY-ST-ZIP	N. Migmi Block, 1-6 33/21	1
TITLE	10000030	18940 - 8 9901088 - 007	6.1 TTLE	Change Addition	
NAME	-10/1 <u>9/</u> 3	<u> </u>	6.2 NAME	(N)	

14. Thereby certify that the information supplied with this filing does not qualify for the semption 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 ceth; 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 or an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED DE PRINTED MANE OF EXAMBLE OF BIOLOGICAL CONTROL OF THE PRINTED MANE OF EXAMBLE OF BIOLOGICAL CONTROL OF THE PRINTED MANE OF EXAMBLE OF BIOLOGICAL CONTROL OF THE PRINTED MANE OF EXAMBLE OF BIOLOGICAL CONTROL OF THE PRINTED MANE OF EXAMBLE OF BIOLOGICAL CONTROL OF THE PRINTED MANE OF EXAMBLE OF BIOLOGICAL CONTROL OF THE PRINTED MANE OF EXAMBLE OF BIOLOGICAL CONTROL OF THE PRINTED MANE OF EXAMBLE OF BIOLOGICAL CONTROL OF THE PRINTED MANE OF EXAMBLE OF BIOLOGICAL CONTROL OF THE PRINTED MANE OF EXAMBLE OF BIOLOGICAL CONTROL OF THE PRINTED MANE OF STATEMENT OF THE PRINTED MANE OF THE PRI

6.3 STREET ADDRESS

6.4 CTY-ST-ZIP

100003018940 MER-8

****150.00

****150.00

STREET ADDRESS



October 8, 1999

Division of Corporations **Annual Reports Filings** P.O. Box 1500 Tallahassee, FL 32302-1500

Re:

Dr. Glassman, PA

Around the Clock - House Calls, Inc.

Please find enclosed the 1999 annual reports for our client. We have also enclosed check for \$150.00 for each of the reports. We request that you accept this amount as payment in full for these annual reports.

Our client moved last year and did not receive the original annual reports. They never received any documentation for "Dr. Glassman, PA" at all. They have just received the second notice on "Around the Clock..." There was a service which was supposed to be forwarding their mail to them. Obviously, this was not happening, and our client's mail was lost or forwarded too late.

We appreciate your attention in this matter. If you have any questions, please call.

Sincerely,

Patricia E. Coury

Certified Public Accountant

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