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Apr 04 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 # V20194 (9)

1. Corporation Name
GLASSMAN ASSOCIATES, INC.

Principal Place of Business Mailing Address
16117 NW 15 Street 20801 BISCAYNE BOULEVARD
PEMBROKE PINES FL 33028 SUITE 505
US AVENTURA FL 33180-1400
US



| | | | | | | | |
|--------------------------------|----|--|--|---|--|---------------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 03/09/1992 | | 3a. Date of Last Report 04/23/1996 | |
| 21 | 26 | 4. FEI Number 65-0322378 | | Applied For | | Not Applicable | |
| 22 | 27 | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 23 | 28 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | | | |
| 24 | 29 | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| BRECKER, CHARLES D 20801 BISCAYNE BLVD STE - 505 AVENTURA FL 33180 | | | | 81 Name | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 83 | | | |
| | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | | | | | | |
|----------------------------|-------------------------|---------------------------------|---------------------|--|--|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | DP | <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | GLASSMAN, LARRY D. | | 1.2 NAME | | | | |
| STREET ADDRESS | 16001 PINES BLVD | | 1.3 STREET ADDRESS | 16117 N.W. 15 Street | | | |
| CITY - ST - ZIP | PEMBROKE PINES FL | | 1.4 CITY - ST - ZIP | Pembroke Pines, FL 33028 | | | |
| TITLE | DVS | <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | GLASSMAN, STEVEN M. | | 2.2 NAME | | | | |
| STREET ADDRESS | 16001 PINES BLVD | | 2.3 STREET ADDRESS | 16117 N.W. 15th Street | | | |
| CITY - ST - ZIP | PEMBROKE PINES FL | | 2.4 CITY - ST - ZIP | Pembroke Pines, FL 33028 | | | |
| TITLE | T | <input type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | GLASSMAN, STEVEN M. | | 3.2 NAME | | | | |
| STREET ADDRESS | 16001 PINES BLVD | | 3.3 STREET ADDRESS | 16117 NW 15 Street | | | |
| CITY - ST - ZIP | PEMBROKE PINES FL | | 3.4 CITY - ST - ZIP | Pembroke Pines, FL 33028 | | | |
| TITLE | AS | <input type="checkbox"/> DELETE | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | STRAUB, JO ANN | | 4.2 NAME | | | | |
| STREET ADDRESS | 16001 PINES BOULEVARD | | 4.3 STREET ADDRESS | 16117 N.W. 15 Street | | | |
| CITY - ST - ZIP | PEMBROKE PINES FL 33028 | | 4.4 CITY - ST - ZIP | Pembroke Pines, FL 33028 | | | |
| TITLE | | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| NAME | | | 5.2 NAME | AVP | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | Charles D. Brecker | | | |
| CITY - ST - ZIP | | | 5.4 CITY - ST - ZIP | 20801 Biscayne Boulevard, Suite 505 | | | |
| TITLE | | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | Aventura, FL 33180 | | | |
| CITY - ST - ZIP | | | 6.4 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 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: DATE: _____ DAYTIME PHONE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)