

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90094 037 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V20194

1. Corporation Name  
GLASSMAN ASSOCIATES, INC.

Principal Place of Business  
16117 NW 15 ST  
PEMBROKE PINES FL 33028  
US

Mailing Address  
20801 BISCAYNE BOULEVARD  
SUITE 505  
AVENTURA FL 33180  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/09/1992

4. FEI Number

65-0322378

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address c/o Charles D.

21 Suite, Apt. #, etc.

26 Brecker, Esq.  
Suite, Apt. #, etc. KATZ BARRON et al  
27 100 N.E. 3rd Avenue, #280

23 City & State

28 Ft. Lauderdale, FL, US

24 Zip Country

29 33301 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRECKER, CHARLES D ESQ.-----  
C/O FROMBERG, FROMBERG, BRECKER, ET AL  
20801 BISCAYNE BLVD, STE 505-----  
AVENTURA FL 33180-----

81 Name

CORPCO, INC.

82 Street Address (P.O. Box Number is Not Acceptable)

2699 South Bayshore Drive, 7th Fl.

83

84 City Miami

FL

85 Zip Code  
33133

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 *Marc L. Faust, Vice President*

Marc L. Faust, Vice President

4/26/99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE  
NAME GLASSMAN, LARRY D.  
STREET ADDRESS 16117 NW 15 ST  
CITY-ST-ZIP PEMBROKE PINES FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE DVS ☐ DELETE  
NAME GLASSMAN, STEVEN M.  
STREET ADDRESS 16117 NW 15TH ST  
CITY-ST-ZIP PEMBROKE PINES FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE T ☐ DELETE  
NAME GLASSMAN, STEVEN M.  
STREET ADDRESS 16117 NW 15 ST  
CITY-ST-ZIP PEMBROKE PINES FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE AS ☐ DELETE  
NAME CAMPOPIANO, LILA  
STREET ADDRESS 16117 N.W. 15 ST  
CITY-ST-ZIP PEMBROKE PINES FL 33028

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE AVP ☐ DELETE  
NAME BRECKER, CHARLES D.  
STREET ADDRESS 20801 BISCAYNE BLVD, SUITE 505  
CITY-ST-ZIP AVENTURA FL

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS c/o KATZ BARRON, et al.  
5.4 CITY-ST-ZIP 100 N.E. 3rd Ave., #280  
Ft. Lauderdale, FL 33301

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)