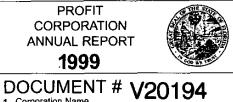
PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 10, 1999 8:00 am Secretary of State

05-10-1999 90094 037 ***150.00

GLASSMAN ASSOCIATES, INC.									
QL, 15011					1 2007 0120 1107 1	ANDERSKA STANDARDE AND	IBAR BIBU BARR B	101 4/1// 1421	
								(B))	
Principal Plac	e of Business	Mailing Address			I	I BI I BI HI BI I HI I BI BI HI HI BI BI F	IBRI DIBRI BRBA D	1814 BJØJJ 1888	
			3/ARD						
16117 NW 15 ST PEMBROKE PINES FL 33028 2001-BISCAYNE-BOULEVARD SUITE 505—			-						
US		AVENTURA Pt 33180 -			DO	DO NOT WRITE IN THIS SPACE			
US					Date Incorporated or	r Qualifed			
1					03/09/1992				
2. Principal Place of Business		2a. Mailing Address C/O Charles D.			4. FEI Number 65-0322378		Ap	plied For	
21		Brecker,	Brecker, Esa.				No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	TOTAL DELICATION CC			Desired	\$8.75		
22		27 100 N.E.	100 N.E. 3rd Avenue, #280				Fee Re	quired	
City & State		City & State				Financing	\$5.00		
		28 Ft. Laude:	Ft. Lauderdale, FL TS		Trust Fund Contribut	tion	Added t	o Fees	
Zip	Country Zip			intry	8. This corporation owe	es the current year In			
24	25 29 33301 30		30	USA	Personal Property T		☐ Yes	□No	
	Name and Address of Current	Registered Agent		ļ	10. Name and Address	of New Registered	Agent		
				81 Name	CORPCO, INC.			l	
BRECKER, CHARLES D'ESQ				82 Street A	ddress (P.O. Box Number is N	lot Acceptable)			
C/O FROMBERG, FROMBERG, BRECKER, ET AL.				2	2699 South Baysh	ore Drive,	7th Fl.		
-20801_BISCAYNE_BLVD, -STE_505				83					
AVENTURA FL 33180				-			BE Zio I	Code	
1				84 City	Miami	F١	85 Zip (- 33	133	
11 Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Sta	tutes, the a	hous apped o	ornaration cubmits this statem	ent for the purpose o	changing its	registered	
l office or r	to the provisions of Sections 607,0502 registered agent, or both, in the State of m familiar with, and accept the obligation	i Florida. Such change was	s authorizet	a by the corpor	ation's board of directors. I he	reby accept the appo	intment as re	gistered	
1	2 //	🗷				ماءدان ي	ĸ		
SIGNATURE	Signifure, typed or printed name of registered agent	and title if applicable. (NO	Marc OTE: Registered	L. rausi Agent signature rec	<u>t. Vice Presiden</u> juired when reinstating)	C 4/ CO/ 1)	
12.	OFFICERS AND		13.		ADDITIONS/CHANGI		ND DIRECTO	RS IN 12	
TITLE	DP	☐ DELETE	1,1 ∏	TLE			Change	☐ Addition	
NAME	GLASSMAN, LARRY D.		1.2 N	AME					
STREET ADDRESS	16117 NW 15 ST		1.3 5	TREET ADDRESS				1	
CITY-ST-ZIP	PEMBROKE PINES FL			TY-ST-ZIP					
TITLE	DVS DELETE		2.1 Ti				Change	☐ Addition	
Ļ	GLASSMAN, STEVEN M.		2.2 N					ţ	
NAME	ARAGE ABAL APPLI AT			TREET ADDRESS				1	
STREET ADDRESS	,							1	
CITY-ST-ZIP	PEMBROKE PINES FL	☐ DELETE	2.40 3.1 TI	TY-ST-ZIP			Change	☐ Addition	
TITLE	CLACCAMAN CTTUTN A	[_] DECE IE		i i					
NAME	GLASSMAN, STEVEN M.		3.2 N	1					
STREET ADDRESS	10117 1111 10 01			TREET ADDRESS					
CITY-ST-ZIP	PEMBROKE PINES FL			ITY-ST-ZIP			Change	Addition	
TITLE	AS	☐ DELETE	4.1 TI				☐ change	☐ \qqqiiqi1	
NAME	CAMPOPIANO, LILA		4,21	IAME				}	
STREET ADDRESS	16117 N.W. 15 ST		4.3 S	TREET ADDRESS					
CITY-ST-ZIP	PEMBROKE PINES FL 33028		4.4 C	TY-ST-ZIP	•••				
TITLE	AVP	☐ DELETE	5,1 TI				XX Change	Addition	
NAME	BRECKER, CHARLES D.		5.2 N	4145					
1	DREUNEN, UNARLES D.			AME	c/o KATZ BARRON.	.et al.			
STREET ADDRESS		505		TREET ADDRESS	c/o KATZ BARRON, 100 N.E. 3rd Ave Ft. Lauderdale,	e., #280			

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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

TITLE

NAME

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

435-8008

☐ Change

☐ Addition