

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **K62108 (1)**

1. Corporation Name  
**COBB PARTNERS DEPOT CORPORATION**



Principal Place of Business: **C/O SUE M. COBB, 2333 PONCE DE LEON BLVD., PH 1111, CORAL GABLES FL 33134**  
Mailing Address: **C/O SUE M. COBB, 2333 PONCE DE LEON BLVD., PH 1111, CORAL GABLES FL 33134**

3. Date Incorporated or Qualified: **01/31/1989**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **2333 Ponce de Leon**  
2a. Mailing Address: **2333 Ponce de Leon**  
21. Suite, Apt. # etc.: **PH 1100**  
22. City & State: **PH 1100**  
23. Zip: **PH 1100**  
24. Country: **PH 1100**

4. FLI Number: **65-0110239**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**COBB, CHARLES E JR, 2333 PONCE DE LEON BLVD., PENHOUSE 1111, CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent  
81. Name: **Andrew R. Weston**  
82. Street Address (P.O. Box Number is Not Acceptable): **2333 Ponce de Leon PH 1100**  
83. City: **Coral Gables FL**  
84. Zip Code: **33134**

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: *Andrew R. Weston* *Charles E. Cobb Jr* DATE: **5/20/96**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>TEMPLE, JOHN W</b>	
STREET ADDRESS	<b>2300 N.W. CORP. BLVD., SUITE 238</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33431</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>COBB, SUE M.</b>	
STREET ADDRESS	<b>2333 PONCE DE LEON BLVD.</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	
TITLE	<b>STV</b>	<input type="checkbox"/> DELETE
NAME	<b>WESTON, ANDREW R.</b>	
STREET ADDRESS	<b>2333 PONCE DE LEON BLVD PH-1111</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	
TITLE	<b>COBD</b>	<input type="checkbox"/> DELETE
NAME	<b>COBB, CHARLES E JR</b>	
STREET ADDRESS	<b>2333 PONCE DE LEON BLVD</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MORRISON, SCOTT R JR</b>	
STREET ADDRESS	<b>902 CLINT MOORE ROAD, BLDG. 4, #100</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-ZIP	

**500001828275**  
~~05/20/96 01022-010~~  
**\*\*\*200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 its 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 appointment with an address.

SIGNATURE: *Charles E. Cobb Jr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)