

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

**FILED**  
**Apr 29 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K62108 (1)**  
 1. Corporation Name  
**COBB PARTNERS DEPOT CORPORATION**



Principal Place of Business <b>2333 PONCE DE LEON                  PH-1100                  CORAL GABLES FL 33134</b>	Mailing Address <b>2333 PONCE DE LEON                  PH-1100                  CORAL GABLES FL 33134-5427</b>
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<b>3.</b> Date Incorporated or Qualified <b>01/31/1989</b>	<b>3a.</b> Date of Last Report <b>05/01/1996</b>
<b>4.</b> FEI Number <b>65-0110239</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>2.</b> Principal Place of Business	<b>2a.</b> Mailing Address
<b>21.</b> Suite, Apt. #, etc.	<b>26.</b> Suite, Apt. #, etc.
<b>22.</b> City & State	<b>27.</b> City & State
<b>23.</b> Zip Country	<b>28.</b> Zip Country
<b>24.</b> <b>25.</b>	<b>29.</b> <b>30.</b>

**9. Name and Address of Current Registered Agent**  
**WESTON, ANDREW R.**  
**2333 PONCE DE LEON**  
**PH-1100**  
**CORAL GABLES FL 33134**

**10. Name and Address of New Registered Agent**

<b>81.</b> Name
<b>82.</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83.</b>
<b>84.</b> City <b>FL</b> <b>85.</b> 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**

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**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>2333 Ponce de Leon Pk 1100</b>
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:  **CHARLES E. COBB JR** **4/17/97** **305 441 1700**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)