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FILED
Apr 29 1997 8:00am
Secretary of State

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



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

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

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

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

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

2993 Avenue de Lem Pal 1100

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: *[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)