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Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90122 034 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P96000025866

1. Corporation Name

T. HOBBS LAND GROUP, INC.

Principal Place of Business

800 N.W. 62ND STREET, SUITE 200  
C/O JACOBSEN, COHEN & COHEN, P.A.  
FORT LAUDERDALE FL 33309

Mailing Address

800 N.W. 62ND STREET, SUITE 200  
C/O JACOBSEN, COHEN & COHEN, P.A.  
FORT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

03/21/1996

4. FEI Number

65-0665627

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

COHEN, STEVEN E  
800 N.W. 62ND STREET, SUITE 200  
C/O JACOBSEN, COHEN & COHEN, P.A.  
FORT LAUDERDALE FL 33309

81 Name

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

83

84 City

FL 85 Zip Code

10. Name and Address of New Registered Agent

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

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

(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE V  
NAME COHEN, STEVEN E  
STREET ADDRESS 800 N.W. 62ND STREET, SUITE 200  
CITY-ST-ZIP FORT LAUDERDALE FL 33309

TITLE T  
NAME TAYLOR, ROGER  
STREET ADDRESS 5030 SOUTHWEST 168TH AVENUE  
CITY-ST-ZIP FORT LAUDERDALE FL 33331

TITLE S  
NAME WEISMAN, WILLIAM  
STREET ADDRESS 2010 CORPORATE BLVD., SUITE 300  
CITY-ST-ZIP BOCA RATON FL 33431

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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:

STEVEN E COHEN VICE PRESIDENT

11/5/99

9544976444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E034 (11/98)