

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J21312 (0)

1. Corporation Name

COBRA INCORPORATED



Principal Place of Business

Mailing Address

6045 SW 45TH ST.
DAVIE FL 33314
US

6045 SW 45TH ST.
DAVIE FL 33314
US

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 Zip Country

29 Zip Country

3. Date Incorporated or Qualified

06/26/1986

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2693820

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

10. Name and Address of New Registered Agent

GEYER, CLIFFORD
1140 MARINE WAY
NORTH PALM BCH. FL 33408

81 Name

GEYER CLIFFORD

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

3922 SHEARWATER DR

83

84 City

JUPITER

FL

85 Zip Code

33433

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 of officer or principal of the corporation and the applicable

(NOTE: Registered Agent signature required after reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME DP
STREET ADDRESS GEYER, CLIFFORD
CITY - ST - ZIP 1140 MARINE WAY
N PALM BCH FL

TITLE ☐ DELETE
NAME DVP
STREET ADDRESS GEYER, CANDI
CITY - ST - ZIP 1140 MARINE WAY
N PALM BCH. FL

TITLE ☐ DELETE
NAME DST
STREET ADDRESS GEYER, GLORIA
CITY - ST - ZIP 1140 MARINE WAY
N PALM BEACH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

3922 Shearwater Dr.
Jupiter FL 33433

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

3922 Shearwater Dr.
Jupiter, FL 33433

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

3922 Shearwater Dr.
Jupiter, FL 33433

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

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 the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Digitally Signed

CR2E034 (3/96)