**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # M08260



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90226 035 \*\*\*150.00

COBER CORPORATE AGENTS, INC.				
Principal Place of Business	Mailing Address		# 100,500fs trs 0010t sotio 11010 Othis Chrs ason along ander along ason ason no	81
2601 SOUTH BAYSHORE DRIVE 19TH FL MIAMI FL 33133	2601 SOUTH BAYSHORE DRIVE 19TH FL MIAMI FL 33133		DO NOT WRITE IN THIS SPACE	
MILTON 1 E 50100			3. Date Incorporated or Qualifed	
			11/26/1984	
2. Principal Place of Business	2a. Mailing Address		4, FEI Number Applied For	
21	26		65-0028748 Not Applicab	le
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired Serviced \$8.75 Additional Fee Required	
City & State	City & State		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees	Ì
Zip Country 24 25	Zip Cou	untry	8. This corporation owes the current year Intangible Personal Property Tax.	
9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered Agent	
BERNSTEIN, RICHARD N 2601 SOUTH BAYSHORE DRIVE, 19TH FLOOR MIAMI FL 33133		81 Name 82 Street Addres 83	ss (P.O. Box Number is Not Acceptable)	

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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

84

City

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. □ DELETE 1.1 TITLE ☐ Change ☐ Addition TITLE COHEN, JEFFREY MICHAEL 12 NAME NAME 2601 SO. BAYSHORE DRIVE, 19TH FLOOR 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 2.1 TITLE ΠΠE BERKE, MICHAEL A 2.2 NAME NAME STREET ADDRESS 2601 BAYSHORE DRIVE, 19TH FLOOR 2.3 STREET ADDRESS MIAMI FL 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE TITLE 3.1 TITLE NAME BERNSTEIN, RICHARD 3.2 NAME 2601 SO. BAYSHORE DRIVE, 19TH FLOOR 3.3 STREET ADDRESS STREET ADDRESS MIAM! FL 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE ☐ Change 4.1 TITLE TITLE TD 4. 2 NAME NAME KONDELL, KAREN P 2601 SO. BAYSHORE DRIVE, 19TH FLOOR STREET ADDRESS 4.3 STREET ADDRESS MIAM! FL 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 5.1 TITLE TITLE ATD 5.2 NAME NAME BRODIE, STEVEN J 5.3 STREET ADDRESS STREET ADDRESS 2601 SO. BAYSHORE DRIVE, 19TH FLOOR 5.4 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change 6.1 TITLE Addition □ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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:

4/1/99

(305) 854-5900

Oaytime Phone #

CR2E034 (11/98)

85 Zip Code