


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90050 013 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000002918**

1. Corporation Name  
**COBB FOUNDATION, INC.**

Principal Place of Business 201 SOUTH BISCAYNE BOULEVARD 1600 MIAMI CENTER MIAMI FL 33131	Mailing Address 201 SOUTH BISCAYNE BOULEVARD 1600 MIAMI CENTER MIAMI FL 33131
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2. Principal Place of Business 21 <b>212 Key Palm Road</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>212 Key Palm Road</b> Suite, Apt. #, etc.	3. Date Incorporated or Qualified 06/15/1995
22	27	4. FEI Number 65-0593216
23 City & State <b>Boca Raton, Florida</b>	28 City & State <b>Boca Raton, Florida</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24 Zip <b>33432</b>	25 Country <b>USA</b>	29 Zip <b>33432</b>
		30 Country <b>USA</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		

9. Name and Address of Current Registered Agent

**CORPORATION COMPANY OF MIAMI**  
 201 SOUTH BISCAYNE BOULEVARD  
 1600 MIAMI CENTER  
 MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name **William C. Lewis, Jr., Esq.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**9350 South Dixie Highway, Suite 1550**

83

84 City **Miami** **FL** 85 Zip Code **33156**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *William C. Lewis, Jr.* **William C. Lewis, Jr.** DATE **4-9-99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>COBB, RHODA W.</b>
STREET ADDRESS	<b>212 KEY PALM ROAD</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>WARE, RHODA C</b>
STREET ADDRESS	<b>147 ALHAMBRA CIRCLE STE 215</b>
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>COBB, WILLIAM</b>
STREET ADDRESS	<b>212 KEY PALM ROAD</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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	

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 617, 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: *Rhoda W. Cobb* **Rhoda W. Cobb** DATE: **4/7/99** DAYTIME PHONE #: **561-391-7071**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)