## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



DOCUMENT # P9400035603

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90045 017 \*\*\*150.00

1. Corporation		0000000								
COBER CORPORATE AGENTS INC.  2601 SO. BAYSHORE DR., 19TH FL  19TH FLOOR MIAMI FL 33133  83  84  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the abover- office or registered agent, or both, in the State of Florida. Such change was authorized by the 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. (NOTE: Registered Agent statutes)  12. OFFICERS AND DIRECTORS  13.  TITLE  DCEO  CHANNING, JOEL B  12. NAME						_				
						1 111	. <b> </b>			
Principal Place	of Business	Mailing Address				1 (88)	(\$\$) 118 18111 A1811 E8111 A1			
3300 PGA BLV	)	3300 PGA BLVD								
							DO NOT WIDE	TE IN THIC	CDACE	
			L 33410		-	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
03		00			3.	05/09/1	·			
2 Principal Bl	one of Puriness	25 Mailing Address	<del></del>		4	FEI Numb			An	plied For
<b>—</b>	ace of business	<del></del>			-	65-0490	=		<del></del>	t Applicable
_	#. etc.								\$8.75 A	Additional
	.,				5.	Certifcate	of Status Desired		Fee Re	quired
	•		<del></del>		6.	Election C	ampaign Financing		\$5.00	May Be
23		28	_			Trust Fund	d Contribution		Added to	o Fees
	Country	Zip	Country		8.	This corpo	oration owes the curr	ent year Int		_
24	25	29	30				Property Tax.			□No
	9. Name and Address of Curre	ent Registered Agent			10.	Name and	d Address of New F	Registered	Agent	
			81	Name						
			82	Street	Address (F	P.O. Box Nu	ımber is Not Accepta	able)		
		L	L				_			
			83							
MIAMI FL 33133			84	City					. 85 Zip Code	
				1				FL	-   _	
11. Pursuant f	to the provisions of Sections 607.05	502 and 607.1508, Florida Statut	es, the abov	e-named	corporatio	n submits ti	his statement for the	purpose of	changing its	registered
office or re	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was a gations of, Section 607.0505, Flo	utnorized by rida Statutes	tne corpt	oration's bi	oard or dire	Cibis. I hereby accep	ot the appoi	unitent as ref	gistorea
=		,,								
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable. (NOTE	: Registered Agel	nt signature r				DATE		
12.					r	ADDITIONS	S/CHANGES TO OF	FICERS AN	ID DIRECTO	
TITLE	DCEO .	☐ DELETE	1.1 TITLE						Change	☐ Addition
NAMÉ			1.2 NAME		3.	_	A Kun H	C13		
STREET ADDRESS	4214 60TH DRIVE		1.3 STREE	ADDRESS	230	· 176	A BIVD H	2.7		
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-S	T-ZIP	17136	<u> 94</u>	33460			
TITLE	DVC	☐ DELETE	2.1 TITLE						Change	☐ Addition
NAME	CHANNING, JON H		2.2 NAME		-	A	BINDASS	<b>Ś</b>		
STREET ADDRESS			2.3 STREET ADDRESS		3300	2 KEN	PIW	•		
CITY-ST-ZIP	BOCA RATON FL		2. 4 CITY-5	2.4 CITY-ST-ZIP		· FL :	33410			
TITLE	•	☐ DELETE	3.1 TITLE	3.1 TITLE					Change	☐ Addition
NAME			3.2 NAME							
STREET ADDRESS	DORESS		3.3 STREE	3.3 STREET ADDRESS						
CITY-ST-ZIP			3.4. CITY-ST-ZIP							
TITLE		☐ DELETE	4.1 TITLE						Change	☐ Addition
NAME			4. 2 NAME		-					
STREET ADDRESS	RESS		4.3 STREE	4.3 STREET ADDRESS						
CITY-ST-ZIP		<del></del>	4.4 CITY- S	T-ZIP						
TITLE	•	☐ DELETE	5.1 TITLE						Change	Addition
NAME			5.2 NAME	:						
STREET ADDRESS			5.3 STREE	TADORESS						
CITY-\$T-ZIP			5.4 CITY-S	T-ZIP						
TITLE		☐ DELETE	6.1 TITLE						Change	☐ Addition
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREE	TADDRESS						

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 accordate 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: 3

CR2E034 (11/98)