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Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000008931 (4)

1. Corporation Name
COBB WORLD SERVICES, INC.



Principal Place of Business
2333 PONCE DE LEON BLVD.
PENTHOUSE 1100
CORAL GABLES FL 33134

Mailing Address
2333 PONCE DE LEON BLVD.
PENTHOUSE 1100
CORAL GABLES FL 33134-5427

3. Date Incorporated or Qualified 01/30/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0642246	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22 Penthouse 1100	Suite, Apt. #, etc. 27 Penthouse 1100
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

g. Name and Address of Current Registered Agent

WESTON, ANDREW R
2333 PONCE DE LEON BLVD.
PENTHOUSE 1111
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 City Penthouse 1100
84 State FL
85 Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COBB, CHARLES E	1.2 NAME	
STREET ADDRESS	2333 PONCE DE LEON BLVD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL 33134	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COBB, SUE M	2.2 NAME	
STREET ADDRESS	2333 PONCE DE LEON BLVD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL 33134	2.4 CITY - ST - ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTON, ANDREW R	3.2 NAME	
STREET ADDRESS	2333 PONCE DE LEON BLVD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL 33134	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: Andrew R. Weston ANDREW R. WESTON 4/19/97 905 461 1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)