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Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # **P96000067882 (6)**

1. Corporation Name
COBE ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1149 HILLSBORO MILE 603N HILLSBORO BEACH FL 33062	1149 HILLSBORO MILE 603N HILLSBORO BEACH FL 33062-1705

3. Date Incorporated or Qualified: 08/14/1996
3a. Date of Last Report:

4. FEI Number: 65-0692217 — 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

2. Principal Place of Business
21 1270 SW 5th Avenue
Suite, Apt. #, etc.
22
City & State
23 Boca Raton, Fl. 33432
Zip — Country
24 33432 — 25 Palm Beach

2a. Mailing Address
26 Same
Suite, Apt. #, etc.
27
City & State
28
Zip — Country
30

9. **Name and Address of Current Registered Agent**

BOBICK, EDWARD
1149 HILLSBORO MILE
603N
HILLSBORO BEACH FL 33062

10. **Name and Address of New Registered Agent**

81 Name: Donna Cobe
82 Street Address (P.O. Box Number is Not Acceptable): 1270 SW 5th Avenue
83
84 City: Boca Raton FL 85 Zip Code: 33432

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 X [signature], Donna Cobe — January 31, 1997
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	BOBICK, EDWARD	
STREET ADDRESS	1149 HILLSBORO MILE 603 N	
CITY-ST-ZIP	HILLSBORO BEACH FL 33062	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P - D	☐ Change ☐ Addition
1.2 NAME	Donna Cobe	
1.3 STREET ADDRESS	1270 SW 5th Avenue	
1.4 CITY-ST-ZIP	Boca Raton, Fl. 33432	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: x [signature], Donna Cobe — 01/31/97 — (561)391-6710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #