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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 19, 1999 8:00 am Secretary of State 02-19-1999 90004 006 ***150.00

DOCU	MENT # P98	30000	7608	7											
i. Corporatio	E H. COBAUGH, P.A														
LUGLIN	L Th OODAGGII, The	1.							2100		1 (8)() 81 ()((e zna z e c a e cazna		INI P ar t (a r)
Principal Plac	e of Business		Mailing Ad	Idress					1 100	(1)	# 16114 # 6141	1 8 511 30 111 8 1	1(1) 1 0 5(8 6 (1))		1411 1 001 106 1
7154 E. TROPI				OPICAL WAY								•			
PLANTATION F	FL 33317		PLANTATIO	N FL 33317					•	DC	NOT WE	ITE IN T	HIS SPACE		
								3	. Date Inc				IIO OI NOL		
									08/28/	•					
2. Principal F	Place of Business		2a. Mailing	Address				4.	, FEI Num		_			App	lied For
21		Ī	26					6	20-20	3609	57			Not	Applicable
Suite, Apt.	#, etc.		Suite, A	Apt. #, etc.				5.	. Certifcate	e of Status	Desired		•		ditional
22 City 8 Cto			27	Ciata										e Req	
City & Sta	te		City &	State				6.	. Election	Campaign nd Contribi		' 🖺			fay Be
Zip	Country		Zip		Coun	ntrv		-				rroot voor	Intangible	iea to	rees
24	25	Ì	29		30	,		8.		Property		пен уеаг	¥ Yes	[⊒No I
	9. Name and Address			gent				10	. Name a	<u>-</u>		Register	ed Agent		
						81	Name								
	BAUGH, EUGENE H				-	82	Street A	Address (I	P.O. Box N	lumber is f	Not Accep	table)			
	4 E. TROPICAL WAY NTATION FL 33317										<u> </u>				
PLA	NIAHUN PL 33317				-	83									
						1							Taal "	Zip Co	
						84	City					_	85 2	Cip Ci	rue
44 0	A- 41	- 007 0500	-1 007 4500	Florido Ctob			<u> </u>			Alada akakaa			· L. `		
office or I	to the provisions of Section registered agent, or both, in	the State of F	Florida. Such	change was a	tes, the about	ove-	named o	corporatio	on submits	this statem	nent for the	e purpose	of changing	its re	egistered
office or I	to the provisions of Section egistered agent, or both, in m familiar with, and accept	the State of F	Florida. Such	change was a	tes, the about	ove-	named o	corporatio pration's b	on submits loard of din	this statemectors. I he	nent for the ereby acce	e purpose	of changing	its re	egistered
office or I	registered agent, or both, in	the State of F the obligation	Florida. Such is of, Section	change was a 607.0505, Flo	tes, the about	ove- by th tes.	-named on the corpo	oration's b	oard of dir	this statem ectors. I he	nent for the ereby acce	e purpose	of changing pointment a	its re	egistered
office or i agent. I a	registered agent, or both, in im familiar with, and accept Signature, typed or printed name of	the State of F the obligation	Florida, Such is of, Section ditte if applicable	change was a 607.0505, Flo	tes, the about the state of the	ove- by th tes.	-named on the corpo	oration's b	oard of dire	ectors. I he	ereby acce	e purpose ept the ap	of changing pointment a	g its regi	egistered stered
office or i agent. I a SIGNATURE	registered agent, or both, in familiar with, and accept Signature, typed or printed name of OFF	the State of F the obligation registered agent and	Florida, Such is of, Section ditte if applicable	change was a 607.0505, Flo	tes, the about the authorized orida Statut	ove- by th tes.	-named on the corpo	oration's b	oard of dire	ectors. I he	ereby acce	e purpose ept the ap	of changing	g its regi	egistered stered
office or agent. I a SIGNATURE 12.	registered agent, or both, in m familiar with, and accept Signature, typed or printed name of OFF PSD COBAUGH, EUGENE	the State of Fithe obligation registered agent and ICERS AND E	Florida, Such is of, Section ditte if applicable	change was a 607.0505, Flo	tes, the about test authorized orida Statut E: Registered A	ove-by thes.	-named on the corpo	oration's b	oard of dire	ectors. I he	ereby acce	e purpose ept the ap	a of changing pointment a	g its regi	egistered stered
office or agent. I a SIGNATURE 12. TITLE	egistered agent, or both, in familiar with, and accept Signature, typed or printed name of OFF PSD COBAUGH, EUGENE 7154 E. TROPICAL W	the State of Fithe obligation registered agent and ICERS AND E	Florida, Such is of, Section ditte if applicable	change was a 607.0505, Flo	tes, the about or ida Statut Registered A 13. 1.1 TITL 1.2 NAW	ove-by thes.	-named on the corpo	oration's b	oard of dire	ectors. I he	ereby acce	e purpose ept the ap	a of changing pointment a	g its regi	egistered stered
office of I agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in m familiar with, and accept Signature, typed or printed name of OFF PSD COBAUGH, EUGENE	the State of Fithe obligation registered agent and ICERS AND E	Florida, Such is of, Section ditte if applicable	change was a 607.0505, Fid. (NOTE	tes, the about or ida Statut Registered A 13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITA	ove-lby thes. Agent s E AE EET A	named on the corporature re	oration's b	oard of dire	ectors. I he	ereby acce	e purpose ept the ap	a of changing pointment a	g its regi	egistered stered S IN 12
office or I agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE	egistered agent, or both, in familiar with, and accept Signature, typed or printed name of OFF PSD COBAUGH, EUGENE 7154 E. TROPICAL W	the State of Fithe obligation registered agent and ICERS AND E	Florida, Such is of, Section ditte if applicable	change was a 607.0505, Flo	tes, the abouthorized orida Statut Registered A 13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITL 2.1 TITL	OVE-by thes. Agent's REET A	named on the corporature re	oration's b	oard of dire	ectors. I he	ereby acce	e purpose ept the ap	a of changing pointment a	g its regi	egistered stered
office or I agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME	egistered agent, or both, in familiar with, and accept Signature, typed or printed name of OFF PSD COBAUGH, EUGENE 7154 E. TROPICAL W	the State of Fithe obligation registered agent and ICERS AND E	Florida, Such is of, Section ditte if applicable	change was a 607.0505, Fid. (NOTE	tes, the abunthorized orida Statut 13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW	OVE-by thes. Agent's E AE E E E E E E E E E E E	named (he corpo	oration's b	oard of dire	ectors. I he	ereby acce	e purpose ept the ap	a of changing pointment a	g its regi	egistered stered S IN 12
office of a agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in familiar with, and accept Signature, typed or printed name of OFF PSD COBAUGH, EUGENE 7154 E. TROPICAL W	the State of Fithe obligation registered agent and ICERS AND E	Florida, Such is of, Section ditte if applicable	change was a 607.0505, Fid. (NOTE	tes, the ab- authorized orida Statut 13. 1.1 TITL 12 NAW 1.3 STR 1.4 CITM 2.1 TITL 22 NAW 2.3 STR	OVE-I by thes. E ME EEET A EEET A	named (he corpo	oration's b	oard of dire	ectors. I he	ereby acce	e purpose ept the ap	a of changing pointment a	g its regi	egistered stered S IN 12
office of I agent. I a seem of the seem of	egistered agent, or both, in familiar with, and accept Signature, typed or printed name of OFF PSD COBAUGH, EUGENE 7154 E. TROPICAL W	the State of Fithe obligation registered agent and ICERS AND E	Florida, Such is of, Section ditte if applicable	Change was a 607.0505, Fig. (NOTE	tes, the abunthorized orida Statut 13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR 2.4 CITY	OVE-I by thes. E AE EET A Y-ST-E EEET A EEET A Y-ST-Y-ST-Y-ST-Y-ST-Y-ST-Y-ST-Y-ST-Y-ST	named (he corpo	oration's b	reinstating)	ectors. I he	ereby acce	e purpose ept the ap DATE FFICERS	AND DIRECTOR	g its megi	egistered stered S IN 12 Addition
office of I agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	egistered agent, or both, in familiar with, and accept Signature, typed or printed name of OFF PSD COBAUGH, EUGENE 7154 E. TROPICAL W	the State of Fithe obligation registered agent and ICERS AND E	Florida, Such is of, Section ditte if applicable	change was a 607.0505, Fid. (NOTE	tes, the ab- authorized prida Statut 13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR 2.4 CITY 3.1 TITL	OVE-by the test. Agent's EEET A EEET	named (he corpo	oration's b	reinstating)	ectors. I he	ereby acce	e purpose ept the ap	AND DIRECTOR	g its megi	egistered stered S IN 12
office of I agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	egistered agent, or both, in familiar with, and accept Signature, typed or printed name of OFF PSD COBAUGH, EUGENE 7154 E. TROPICAL W	the State of Fithe obligation registered agent and ICERS AND E	Florida, Such is of, Section ditte if applicable	Change was a 607.0505, Fig. (NOTE	tes, the abauthorized First Registered A 13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY 2.2 NAW 2.3 STR 2.4 CITT 3.1 TITL 3.2 NAW	OVE-by the tes. Agent's EET A EET A	named (he corpo	oration's b	reinstating)	ectors. I he	ereby acce	e purpose ept the ap DATE FFICERS	AND DIRECTOR	g its megi	egistered stered S IN 12 Addition
office of I agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	egistered agent, or both, in familiar with, and accept Signature, typed or printed name of OFF PSD COBAUGH, EUGENE 7154 E. TROPICAL W	the State of Fithe obligation registered agent and ICERS AND E	Florida, Such is of, Section ditte if applicable	Change was a 607.0505, Fig. (NOTE	tes, the abauthorized Tight Statut 13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAW 3.3 STR	OVE-Iby the tes. E ME ME ME ME ME ME ME ME ME	ADDRESS ADDRESS ADDRESS	oration's b	reinstating)	ectors. I he	ereby acce	e purpose ept the ap DATE FFICERS	AND DIRECTOR	g its megi	egistered stered S IN 12 Addition
office of I agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	egistered agent, or both, in familiar with, and accept Signature, typed or printed name of OFF PSD COBAUGH, EUGENE 7154 E. TROPICAL W	the State of Fithe obligation registered agent and ICERS AND E	Florida, Such sof, Section	Change was a 607.0505, Fig. (NOTE	tes, the abauthorized First Registered A 13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY 2.2 NAW 2.3 STR 2.4 CITT 3.1 TITL 3.2 NAW	OVE-I by thes. Igent's E REET A Y-ST- E REET A Y-ST- E REET A Y-ST- E REET A Y-ST- E REET A	ADDRESS ADDRESS ADDRESS	oration's b	reinstating)	ectors. I he	ereby acce	e purpose ept the ap DATE FFICERS	AND DIRECTOR	g its regi	egistered stered S IN 12 Addition
office of a agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in familiar with, and accept Signature, typed or printed name of OFF PSD COBAUGH, EUGENE 7154 E. TROPICAL W	the State of Fithe obligation registered agent and ICERS AND E	Florida, Such sof, Section	Change was a 607.0505, Fig. (NOTE) DELETE DELETE	tes, the abauthorized Tig. Registered A 13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAW 3.3 STR 3.4 CITY 3.4 CITY 3.4 CITY	OVE-IDDY threes. Gent s Gent	ADDRESS ADDRESS ADDRESS	oration's b	reinstating)	ectors. I he	ereby acce	e purpose ept the ap DATE FFICERS	AND DIRECTOR	g its regi	egistered stered S IN 12 Addition Addition
office of I agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in familiar with, and accept Signature, typed or printed name of OFF PSD COBAUGH, EUGENE 7154 E. TROPICAL W	the State of Fithe obligation registered agent and ICERS AND E	Florida, Such sof, Section	Change was a 607.0505, Fig. (NOTE) DELETE DELETE	tes, the abauthorized Tig. Registered A 13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR 2.4 CITY 3.1 TITL 3.2 NAW 3.3 STR 3.4 CITY 4.1 TITL 4.2 NAW	OVE-Iby thes. E ME LEET A A Y-ST-E ME LEET A LEET	ADDRESS ADDRESS ADDRESS	oration's b	reinstating)	ectors. I he	ereby acce	e purpose ept the ap DATE FFICERS	AND DIRECTOR	g its regi	egistered stered S IN 12 Addition Addition
office of I agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in familiar with, and accept Signature, typed or printed name of OFF PSD COBAUGH, EUGENE 7154 E. TROPICAL W	the State of Fithe obligation registered agent and ICERS AND E	Florida, Such sof, Section	Change was a 607.0505, Fig. (NOTE) DELETE DELETE	tes, the abauthorized Tig. Registered A 13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR 2.4 CITY 3.1 TITL 3.2 NAW 3.3 STR 3.4. CITY 4.1 TITL 4.2 NAW	OVE-IDDY threes. LE ARE LEET A A Y-ST-LE ARE LEET A A Y-ST-LE ARE LEET A A Y-ST-LE ARE LEET A A ME	ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP	oration's b	reinstating)	ectors. I he	ereby acce	e purpose ept the ap DATE FFICERS	AND DIRECTOR	g its regi	egistered stered S IN 12 Addition Addition
office of I agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in familiar with, and accept Signature, typed or printed name of OFF PSD COBAUGH, EUGENE 7154 E. TROPICAL W	the State of Fithe obligation registered agent and ICERS AND E	Florida, Such sof, Section	Change was a 607.0505, Fig. (NOTE) DELETE DELETE	tes, the abauthorized Tig. Registered A 13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAW 3.3 STR 4.1 TITL 4.2 NAW 4.3 STR 4.4 CITY 5.1 TITL 5.1	OVE-IDDY thes. LE ME LEET A L	ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP	oration's b	reinstating)	ectors. I he	ereby acce	e purpose ept the ap DATE FFICERS	AND DIRECTOR	g its region of the strength o	egistered stered S IN 12 Addition Addition
office of I agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in familiar with, and accept Signature, typed or printed name of OFF PSD COBAUGH, EUGENE 7154 E. TROPICAL W	the State of Fithe obligation registered agent and ICERS AND E	Florida, Such sof, Section	Change was a 607.0505, Fic. (NOTE DELETE DELETE	tes, the abauthorized Tig. Registered A 13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR 2.4 CITY 3.1 TITL 3.2 NAW 3.3 STR 4.1 TITL 4.2 NAW 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAW	OVE-IDDY the control of the control	ADDRESS ADDRESS ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP	oration's b	reinstating)	ectors. I he	ereby acce	e purpose ept the ap DATE FFICERS	AND DIRECTOR Char	g its region of the strength o	s IN 12 Addition Addition
office of I agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in familiar with, and accept Signature, typed or printed name of OFF PSD COBAUGH, EUGENE 7154 E. TROPICAL W	the State of Fithe obligation registered agent and ICERS AND E	Florida, Such sof, Section	Change was a 607.0505, Fic. (NOTE DELETE DELETE	tes, the abauthorized Tig. Registered A 13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR 3.1 TITL 3.2 NAW 3.3 STR 4.1 TITL 4.2 NAW 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAW 5.3 STR	OVE-IDDY the test. E. A.E. EEET A. E.	ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP	oration's b	reinstating)	ectors. I he	ereby acce	e purpose ept the ap DATE FFICERS	AND DIRECTOR Char	g its region of the strength o	s IN 12 Addition Addition
Office of I agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in familiar with, and accept Signature, typed or printed name of OFF PSD COBAUGH, EUGENE 7154 E. TROPICAL W	the State of Fithe obligation registered agent and ICERS AND E	Florida. Such sof, Section	Change was a 607.0505, Fix (NOTE) DELETE DELETE DELETE	tes, the abauthorized Ti3. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR 2.4 CITY 3.1 TITL 3.2 NAW 3.3 STR 4.4 CITY 4.1 TITL 4.2 NAW 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAW 5.3 STR 5.4 CITY	OVE-I-Dby the trees. Learner of the trees of tr	ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP	oration's b	reinstating)	ectors. I he	ereby acce	e purpose ept the ap DATE FFICERS	AND DIRECTOR Char	g its region of the strength o	gistered stered S IN 12 Addition Addition Addition
Office of I agent. I a separate I agent. I a separate I agent. I a street address city-st-zip title name street address city-st-zip title	egistered agent, or both, in familiar with, and accept Signature, typed or printed name of OFF PSD COBAUGH, EUGENE 7154 E. TROPICAL W	the State of Fithe obligation registered agent and ICERS AND E	Florida. Such sof, Section	Change was a 607.0505, Fic. (NOTE DELETE DELETE	tes, the abauthorized Ti3. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR 2.4 CITY 3.1 TITL 3.2 NAW 3.3 STR 4.1 TITL 4.2 NAW 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAW 5.3 STR 6.1 TITL 5.4 CITY 6.1 TITL	OVE-I-DDY the trees. Gent s.	ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP	oration's b	reinstating)	ectors. I he	ereby acce	e purpose ept the ap DATE FFICERS	AND DIRECTOR Char	g its region of the strength o	s IN 12 Addition Addition
Office of I agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in familiar with, and accept Signature, typed or printed name of OFF PSD COBAUGH, EUGENE 7154 E. TROPICAL W	the State of Fithe obligation registered agent and ICERS AND E	Florida. Such sof, Section	Change was a 607.0505, Fix (NOTE) DELETE DELETE DELETE	tes, the abauthorized orida Statut 13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR 2.4 CITY 3.1 TITL 4.2 NAW 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAW 5.3 STR 6.1 TITL 6.2 NAM	OVE-I-DDY threes. Gent's ST-2 ARE SEET A A ST-2 BE SEET A	ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP	oration's b	reinstating)	ectors. I he	ereby acce	e purpose ept the ap DATE FFICERS	AND DIRECTOR Char	g its region of the strength o	gistered stered S IN 12 Addition Addition Addition

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:

Daytime Phone #