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PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 NOV 12 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten initials: KRC

DOCUMENT # P93000073297
1. Corporation Name

Platt ST., INC

Principal Place of Business Mailing Address

824 S ROME AVE ← SAME
TAMPA FL 33606

3. Date Incorporated or Qualified 10-21-93
3a. Date of Last Report 1996

| | |
|--|--|
| 21. Principal Place of Business 824 S ROME AVE Suite, Apt. #, etc. | 2a. Mailing Address 824 S ROME AVE Suite, Apt. #, etc. |
| 22. City & State TAMPA FL | 27. City & State TAMPA FL |
| 23. Zip 33606 Country US | 28. Zip 33606 Country US |

| | |
|--|--------------------------------|
| 4. FEI Number 59-3208253 | Applied For 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 | |

9. Name and Address of Current Registered Agent

Richard YARNELL
824 S ROME AVE
TAMPA FL 33606

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.002 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, of 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 hereby accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Richard Yarnell* (Signature of registered agent, if applicable) (NOTE: Registered Agent signature required when re-registering) DATE

| 12. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President MIKE CONVEY 818 W Platt St. TAMPA FL 33606 <input checked="" type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|
| 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | President Richard YARNELL 824 S ROME AVE TAMPA FL 33606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | 600002943956-9 -11/12/97-01005-001 *****61.25 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | |
| 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | |
| 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | |
| 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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 officer or director empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this filing, or of an attachment with an address.

SIGNATURE: *Richard Yarnell* Richard YARNELL 11-6-97 813 2515718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)