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

PROFIT CORPORATION **ANNUAL REPORT**

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000080418 (4)

PLATINUM COAST AUTO, INC.

FILED Mar 19 1998 8:00am Secretary of State

Principal Place of Business	Mailing Address						
2811 CLEVELAND AVE SUITE 101 FT MYERS FL 33901 US	1356 MONARCH CIRCLE NAPLES FL 33999	1356 MONARCH CIRCLE NAPLES FL 33999		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/01/1994			
2. Principal Place of Business	2a. Mailing Address			4. FEI Number Applied For			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			65-0531917 Not Applicable 5. Certificate of Status Desired Fee Required Second Status Desired Fee Required			
City & State	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip · Country 25	Zip 29	30		Personal Property Tax due June 30. Yes No			
9. Name and Address of	Current Registered Agent		T	10. Name and Address of New Registered Agent			
CIOCCA, DANIEL A JR.			81	Name			
1356 MONARCH CIRCLE NAPLES FL 33999			82	Street Address (P.O. Box Number is Not Acceptable)			
		Ī	B 3	3			
		Ī	64	4 City FL 85 Zip Code			
 Pursuant to the provisions of Sections 6 office or registered agent, or both, in the agent. I am familiar with, and accept the 	e State of Florida. Such change was	authorized	bv	ve-named corporation submits this statement for the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered es.			

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable		
12.	Signature, typed or printed name of registered agent and title if applicable (OFFICERS AND DIRECTORS	(NOTE Registered Agent alignature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PVTS DELETE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	CIOCCA, DANIEL A JR	1.2 NAME	
STREET ADDRESS	1356 MONARCH CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	
TITLE	DELETE		☐ Change ☐ Additlo
NAME		2.2 NAME	_ • <u> </u>
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2. 4 City-St-ZiP	
TITLE	DELETE	3.1 TITLE	Change Additio
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	DELETE	4.1 TITLE	Change Additio
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP	<u> </u>	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY . CT 71D		EACITY ST 7ID	

14. Thereby 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 roport is true and accurate and that my signature shall have the same legal effect as If made under eath; 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 chapter or or an attachment with an addition.

941-353-1757