

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

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90114 023 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000106398**

1. Corporation Name  
**F.C. PLATT, INC.**

Principal Place of Business 2200 SIMON ROAD MELBOURNE FL 32904	Mailing Address 2200 SIMON ROAD MELBOURNE FL 32904
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>12/17/1997</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>59-3484200</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee: Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**CELIO, ALBERT D**  
**976 BREVARD AVENUE**  
**SUITE A**  
**ROCKLEDGE FL 32955**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
	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		<input type="checkbox"/> DELETE
TITLE	PD	
NAME	F CARLYLE PLATT	
STREET ADDRESS	2200 SIMON RD	
CITY-ST-ZIP	MELBOURNE FL 32904	
TITLE	TSD	
NAME	JANET PLATT	
STREET ADDRESS	2200 SIMON RD	
CITY-ST-ZIP	MELBOURNE FL 32904	
TITLE	D	
NAME	SANDRA P LOVETT	
STREET ADDRESS	2500 SIMON RD	
CITY-ST-ZIP	MELBOURNE FL 32904	
TITLE	D	
NAME	JUDITH P ARNOLD	
STREET ADDRESS	12700 E IRL0 BRONSON HWY	
CITY-ST-ZIP	ST CLOUD FL 34773	
TITLE	D	
NAME	CARYL P UNGERER	
STREET ADDRESS	8063 NW 71ST CT	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	D	
NAME	DOULAS C PLATT	
STREET ADDRESS	3300 SAND GULLEY DR	
CITY-ST-ZIP	MELBOURNE FL 32904	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
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 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: F.C. PLATT SIGNATURE REF: PLATT 3-17-99 407-723-0884  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)