

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 12 1997 8:00 am
Secretary of State

DOCUMENT # **J32434** (9)
1. Corporal or Name
**PLATINUM COAST ADVERTISING & PUBLIC RELATIONS, I
NC.**



Principal Place of Business Mailing Address
**402 HIGH PT DR.
COCOA FL 32926-6621** **402 HIGH PT DR.
COCOA FL 32926-6635**

3. Date Incorporated or Qualified **09/09/1986** 3a. Date of Last Report **05/01/1996**
4. FEI Number **59-2746858** Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees
8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 **1513 N. Harbor City Blvd.** 26 **1513 N. Harbor City Blvd.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **Melbourne, Fl.** 28 **Melbourne, Fl.**
Zip 29 **32935** Country 30 **Brevard**
24 **32935** 25 **Brevard**

9. Name and Address of Current Registered Agent
**PEEPLES, JAMES W., III
505 N. ORLANDO AVENUE
COCOA BEACH FL 32931**

10. Name and Address of New Registered Agent
81 Name **Leonard Spielvogel**
82 Street Address (P.O. Box Number is Not Acceptable)
101 S. Courtenay Parkway
83
84 City **Merritt Island** FL 85 Zip Code **32952**

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 I accept, the obligations of section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

1/23/97

DATE

12. OFFICERS AND DIRECTORS
TITLE **PD** ☐ DELETE
NAME **PEELES, PATRICIA**
STREET ADDRESS **402 HIGH PT DR.**
CITY-ST-ZIP **COCOA FL**
TITLE **STD** ☐ DELETE
NAME **DIDOMENIO, PATRICK E.**
STREET ADDRESS **402 HIGH PT DR.**
CITY-ST-ZIP **COCOA FL**
TITLE ☐ DELETE
NAME
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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)