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Secretary of State
04-12-1999 90003 049 ***158.75

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000004163**

1. Corporation Name
PLATINUM INC. OF FT. MYERS

Principal Place of Business	Mailing Address
6900 - 29 DANIELS PKWY.. STE. 345 FT. MYERS FL 33912	6900 - 29 DANIELS PKWY.. STE. 345 FT. MYERS FL 33912

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 08/29/1995

4. FEI Number: 62-1609961 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☑ No

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

9. Name and Address of Current Registered Agent

BREWER, LYNN
15601 GREENOCK LN.
FT. MYERS FL 33912

10. Name and Address of New Registered Agent

81 Name: BREWER, LYNN
82 Street Address (P.O. Box Number is Not Acceptable): 15170 Cannongate Dr.
83
84 City: Ft. Myers FL 85 Zip Code: 33912

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	1.1 TITLE	C/P	☑ Change ☐ Addition
NAME	BREWER, LYNN		1.2 NAME	Brewer, Lynn	
STREET ADDRESS	15601 GREENOCK LN.		1.3 STREET ADDRESS	15170 Cannongate Dr.	
CITY-ST-ZIP	FT. MYERS FL 33912		1.4 CITY-ST-ZIP	Ft. Myers, Fl. 33912	
TITLE	C	☐ DELETE	2.1 TITLE	C/V	☑ Change ☐ Addition
NAME	MARQUARDT, TOM		2.2 NAME	Marquardt, Tom	
STREET ADDRESS	1741 - 9 RED CEDAR RD.		2.3 STREET ADDRESS	15170 Cannongate Dr.	
CITY-ST-ZIP	FT. MYERS FL 33907		2.4 CITY-ST-ZIP	Ft. Myers, Fl. 33912	
TITLE	S	☑ DELETE	3.1 TITLE	Sect.	☐ Change ☐ Addition
NAME	BATCHELDER, MARY		3.2 NAME	Lana J. Bell	
STREET ADDRESS	7730 CAMERON CIRCLE		3.3 STREET ADDRESS	15170 Cannongate Dr.	
CITY-ST-ZIP	FT. MYERS FL 33912		3.4 CITY-ST-ZIP	Ft. Myers, Fl. 33912	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			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-ST-ZIP			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: SIGNATURE REQUIRED _____ 941-561-2591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (1/1/98)