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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

G07973

(2)

DOCUMENT #
1. Corporation Name PLATINUM COAST MANAGEMENT AND REALTY, INC.



Principal Place	of Business	Mailing Address				10001		001 B1904 B1814 1981
402 HIGH PT DR. COCOA FL 32926-6621		402 HIGH PT DR.	-					
					3. Date Incorporated or Qualifie 11/10/1982		of Last F 4/13/1	
2. Principal Pla	ace of Business	2a. Mailing Address		·	4. FEI Number	······································		Applied For
21 Suite Ant #	# olo	26			59-2234845			Not Applicable
Sulte, Apt. #	F, €IC.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
City & State	······	City & State			6. Election Campaign Financing	-w-w-u		
23		28			Trust Fund Contribution			0 May Be d to Fees
Zip	Country	Zip	Country	у	8. This corporation has liability for	or intangible tax		
24	25	29	30			es 🗌 No		
	9. Name and Address	of Current Registered Agent		T 10	10. Name and Address of New	Registered A	gent	
מברטוב	TO TANACO ME III		81	Name				
	ES, JAMES W., III Yeth ool ando avenii	IC	82 Street Ac		Address (P.O. Box Number is Not Acceptable)			
)rth orlando aveni A Beach FL 32931	JC	83	<u> </u>				
00007	1 OCAUII I E 3233 I		63					
			84	City		E.I.	85 Z	p Code
11. Pursuant to	o the provisions of Sections	607,0502 and 607,1508, Florida Statu	tes the above.	named coreer	ration submits this statement for the	FL	oing its	ragintared office
	so agent, or both, in the Sta	tte of Florida Such change was authori, is of, Section 607.0505, Florida Statute	zed by the corp	xoration's boar	rd of directors. Thereby accept the a	opointment as r	egistered	agent. Lam
or registere								
familiar with	ri, ai io accept trie obligation	o of occion our foods, fronta Otaloro						
familiar with	Signature, typed or printed name of re-			nt signature require:	d when reinstating	DATE		
familiar with	Signature, typed or printed name of re- OFFI	ulstered agent and trie if applicable (N CERS AND DIRECTORS	OTE: Registered Age	nt signature require:	d when reinstating) ADDITIONS/CHANGES TO O	DATE FFICERS AND I	DIRECTO	DRS IN 12
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composed that I am an officer or director of the composition or the specific and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the composition or the specifier 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 organged, or on a paracity set with an address.

SIGNATURE: __

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96 407 636-4340
Deto Deto Despine Proce #