

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  
Apr 24 1997 8:00 am  
Secretary of State

DOCUMENT # **G07973** (2)  
1. Corporation Name  
**PLATINUM COAST MANAGEMENT AND REALTY, INC.**



Principal Place of Business Mailing Address  
**402 HIGH PT DR.** **402 HIGH PT DR.**  
**COCOA FL 32926-8621** **COCOA FL 32926-8635**

3. Date Incorporated or Qualified **11/10/1982** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business 21 <b>1513 N. Harbor City Blvd.</b> Suite, Apt. #, etc. <b>Blvd.</b>	2a. Mailing Address 26 <b>1513 N. Harbor City Blvd</b> Suite, Apt. #, etc.	4. FEI Number <b>59-2234845</b>	Applied For Not Applicable
22 City & State <b>Melbourne, Fl.</b>	27 City & State <b>Melbourne, Fl.</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip <b>32935</b>	28 Country <b>Brevard</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 <b>32935</b>	25 <b>Brevard</b>	29 <b>32935</b>	30 <b>Brevard</b>

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PEEPLS, JAMES W., III**  
**505 NORTH ORLANDO AVENUE**  
**COCOA BEACH FL 32931**

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, 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 *[Signature]* DATE **1/23/97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VD NANETTE CAVARRETTA</b>	1.2 NAME	
STREET ADDRESS	<b>402 HIGH PT DR</b> <i>see ABOVE</i>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>00000-FL</b>	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P THELINDER, PATRICIA</b> <i>Mallico</i>	2.2 NAME	
STREET ADDRESS	<b>402 HIGH PT DR.</b> <i>see ABOVE</i>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>00000-FL</b>	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ST DIDOMENICO, PATRICK E.</b>	3.2 NAME	
STREET ADDRESS	<b>402 HIGH PT DR</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>COCOA FL</b>	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 #

0102514

CR2E034 (9/96)