

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H32690 (0)

1. Corporation Name

D. PLATT & ASSOCIATES, INC.

Principal Place of Business

13831 SW 59 ST. STE 104
C/O DAVID PLATT
MIAMI FL 33183

Mailing Address

13831 SW 59 ST. STE 104
C/O DAVID PLATT
MIAMI FL 33183



2. Principal Place of Business
21 10651 N. KENDALL DR
Suite, Apt. #, etc.
22 # 217
City & State
23 MIAMI, FL
Zip
24 33176
Country
25 USA
2a. Mailing Address
26 10651 N. KENDALL DR
Suite, Apt. #, etc.
27 # 217
City & State
28 MIAMI FL
Zip
29 33176
Country
30 USA

3. Date Incorporated or Qualified 12/03/1984
3a. Date of Last Report 06/20/1995
4. FEI Number 59-2499956
Applied For
Not Applicable
5. Certificate 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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PLATT, DAVID
10651 S.W. 59TH STREET
SUITE #104
MIAMI FL 33183
10651 N. KENDALL DR
SUITE #217
MIAMI, FL 33176-1545

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

☒ Change ☐ Addition

NAME
PD
PLATT, DAVID
STREET ADDRESS
13831 SW 59 ST. #104
CITY-ST-ZIP
MIAMI FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
10651 N. KENDALL DR. STE #217
MIAMI, FL 33176-1545

TITLE ☐ DELETE
NAME
D
PLATT, RONALD H.
STREET ADDRESS
1921 NW 9TH AVE
CITY-ST-ZIP
FT LAUDERDALE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STD
KING, IRIS
STREET ADDRESS
13831 SW 59TH ST 104
CITY-ST-ZIP
MIAMI FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
10651 N. KENDALL DR. STE #217
MIAMI, FL 33176-1545

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

2/27/96

Date

305-274-9544

Daytime Phone #

CR2E034 (12/95)