

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **H87565**

**(8)**

1. Corporation Name

**PLATANOS, INC.**

Principal Place of Business

**2200 W GLADES ROAD #701  
BOCA RATON FL 33431**

Mailing Address

**2200 W GLADES ROAD #701  
BOCA RATON FL 33431**

2. Principal Place of Business

2a. Mailing Address

**21**

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23**

**28**

Zip

Zip

**24**

**29**

Country

**30**

Country

**9. Name and Address of Current Registered Agent**

**STRAY, G. P.  
6731 VIA REGINA  
BOCA RATON FL 33433**

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

(IN 11. Registered Agent signature required when changing)

DATE

**12.**

**OFFICERS AND DIRECTORS**

**13.**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE

**P**

DELETE

1.1 TITLE

NAME

**STRAY, GEORGE**

1.2 NAME

STREET ADDRESS

**22148 VERBENA WAY**

1.3 STREET ADDRESS

CITY-ST-ZIP

**BOCA RATON FL 33433**

1.4 CITY-ST-ZIP

Change  Addition

TITLE

DELETE

2.1 TITLE

NAME

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY-ST-ZIP

2.4 CITY-ST-ZIP

Change  Addition

TITLE

DELETE

3.1 TITLE

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY-ST-ZIP

3.4 CITY-ST-ZIP

Change  Addition

TITLE

DELETE

4.1 TITLE

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

Change  Addition

TITLE

DELETE

5.1 TITLE

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

Change  Addition

TITLE

DELETE

6.1 TITLE

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

Change  Addition

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

**3/18/96**

Date  
Debtors Protection

CR2E034 (12/95)