

**CORPORATION
ANNUAL REPORT
1995**

**George B. Matheson
Secretary of State
DIVISION OF CORPORATIONS**

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:21**

DOCUMENT # J32434 (9)

1. Corporation Name
**PLATINUM COAST ADVERTISING & PUBLIC RELATIONS, I
NC.**

Principal Place of Business
**402 HIGH PT DR.
COCOA FL 32926-6621**

Mailing Address
**402 HIGH PT DR.
COCOA FL 32926-6621**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/09/1986** 3a. Date of Last Report **04/18/1994**
4. FEI Number **59-2746858** Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

**PEEPLES, JAMES W., III
505 N. ORLANDO AVENUE
COCOA BEACH FL 32931**

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 vacating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
THELANDER, PATRICIA
402 HIGH PT DR.
COCOA FL**
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**STD
DIDOMENIO, PATRICK E.
402 HIGH PT DR.
COCOA FL**
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE ☐ Change ☐ Addition
1. 2. NAME
1. 3. STREET ADDRESS
1. 4. CITY - ST - ZIP
2. 1. TITLE ☐ Change ☐ Addition
2. 2. NAME
2. 3. STREET ADDRESS
2. 4. CITY - ST - ZIP
3. 1. TITLE ☐ Change ☐ Addition
3. 2. NAME
3. 3. STREET ADDRESS
3. 4. CITY - ST - ZIP
4. 1. TITLE ☐ Change ☐ Addition
4. 2. NAME
4. 3. STREET ADDRESS
4. 4. CITY - ST - ZIP
5. 1. TITLE ☐ Change ☐ Addition
5. 2. NAME
5. 3. STREET ADDRESS
5. 4. 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 110.07(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 owner 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

Patrick E. DiDomenico, Sec.

3/6/95

407/632-4710