

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
May 12 1997 8:00 am
Secretary of State

DOCUMENT # **J32434** (9)
1. Corporal or Name
**PLATINUM COAST ADVERTISING & PUBLIC RELATIONS, I
NC.**



Principal Place of Business Mailing Address
**402 HIGH PT DR.
COCOA FL 32926-6621** **402 HIGH PT DR.
COCOA FL 32926-6635**

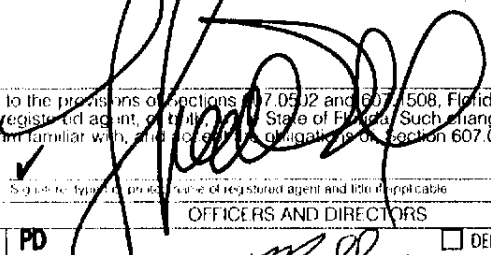
3. Date Incorporated or Qualified **09/09/1986** 3a. Date of Last Report **05/01/1996**
4. FEI Number **59-2746858** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be
Added to Fees**
7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 **1513 N. Harbor City Blvd.** 26 **1513 N. Harbor City
Blvd.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **Melbourne, Fl.** 28 **Melbourne, Fl.**
Zip 29 Zip Country 30 Country
24 **32935** 25 **Brevard** 29 **32935** 30 **Brevard**

9. Name and Address of Current Registered Agent
**PEEPLES, JAMES W., III
505 N. ORLANDO AVENUE
COCOA BEACH FL 32931**

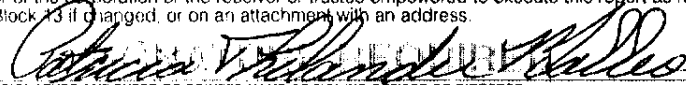
10. Name and Address of New Registered Agent
81 Name **Leonard Spielvogel**
82 Street Address (P.O. Box Number is Not Acceptable)
101 S. Courtenay Parkway
83 City
84 **Merritt Island** **FL** 85 Zip Code **32952**

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, 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 I accept, the obligations of section 607.0505, Florida Statutes.

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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	THELMA, PATRICIA	1.2 NAME	
STREET ADDRESS	402 HIGH PT DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	COCOA FL	1.4 CITY - ST - ZIP	
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	DIDOMENIO, PATRICK E.	2.2 NAME	
STREET ADDRESS	402 HIGH PT DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	COCOA FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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:  DATE **4-18-97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)