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May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # J32434 (9)

1. Corporation 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 32926-6621



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/09/1986

4. FEI Number

Applied For

59-2746858

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 1513 N. Harbor City Blvd

Suite, Apt. #, etc.

22 City & State

23 Melbourne, FL

24 Zip 32935

Country

25 Brevard

2a. Mailing Address

26 1513 N. Harbor City Blvd

Suite, Apt. #, etc.

27 City & State

28 Melbourne, FL

29 Zip 32935

Country

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 Merritt Island

84 City

Merritt Island

FL

85 Zip Code

32952

11. Pursuant to the provisions of Sections 607.01(2) 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 agree to, the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent, also fax, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/9/98

12. OFFICERS AND DIRECTORS

TITLE PD
NAME THELANDER, PATRICIA
STREET ADDRESS 402 HIGH PT DR.
CITY-ST-ZIP COCOA FL

☐ DELETE

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

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I 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]

4-7-98

402-247-2900

CR2E034 (10/97)