


**FILED**  
**Apr 16, 1999 8:00 am**  
**Secretary of State**

04-16-1999 90073 027 \*\*\*150.00

PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

Apr 16, 1999 8:00 am  
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DOCUMENT # K29764

1. Corporation Name  
Platinum Associates, Inc

Principal Place of Business  
1700 E Commercial Blvd  
Fort Lauderdale, FL 33334  
US

Mailing Address  
3100 N. Ocean Blvd  
Ft. Lauderdale, FL 33308  
#305

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified  
7/29/88

4. FEI Number  
65-0065033

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 owes the current year intangible Personal Property Tax.  
Yes No

9. Name and Address of Current Registered Agent  
Savino, Michael, Jr  
3100 N. Ocean Blvd #305  
Fort Lauderdale, FL 33308

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  
Michael Savino Jr  
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE  
4/10/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE  
12.2 NAME  
12.3 STREET ADDRESS  
12.4 CITY-ST-ZIP

12.1 TITLE  
12.2 NAME  
12.3 STREET ADDRESS  
12.4 CITY-ST-ZIP

12.1 TITLE  
12.2 NAME  
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13.3 STREET ADDRESS  
13.4 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, with all other like empowered.

SIGNATURE: Michael Savino Jr  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date  
4/10/99