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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 7:42

DOCUMENT # **K40019** **(7)**

1. Corporation Name

PLATINUM COAST TITLE SERVICES, INC.

Principal Place of Business	Mailing Address
2272 AIRPORT ROAD #102 NAPLES FL 33962	2272 AIRPORT ROAD #102 NAPLES FL 33962

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/20/1988
3a. Date of Last Report: 02/08/1994

2. Principal Place of Business
21: 3733 TAMIAMI TRAIL NO.
22 Suite, Apt. #, etc.: —
23 City & State: NAPLES, FL
24 Zip: 33940
25 Country: COLLIER

2a. Mailing Address
26: 3733 TAMIAMI TRAIL NO.
27 Suite, Apt. #, etc.: —
28 City & State: NAPLES, FL
29 Zip: 33940
30 Country: COLLIER

4. FEI Number: 58-1809505 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DECKER, PATTI
2272 AIRPORT ROAD #102
NAPLES FL 33962

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 3733 TAMIAMI TRAIL NORTH
83:
84 City: NAPLES **FL** 85 Zip Code: 33940

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	PLANERA, JOSEPH L.	12 NAME	
STREET ADDRESS	222 VOLLMER ROAD	13 STREET ADDRESS	
CITY ST ZIP	CHICAGO HEIGHTS FL	14 CITY ST ZIP	
TITLE	STD	21 TITLE	☐ Change ☐ Addition
NAME	WEINTRAUB, GARY A.	22 NAME	
STREET ADDRESS	614 W. MONROE STREET	23 STREET ADDRESS	
CITY ST ZIP	CHIAGO IL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	STAVROS, ALFRED D.	32 NAME	
STREET ADDRESS	350 EAST DUNDEE ROAD	33 STREET ADDRESS	
CITY ST ZIP	WHEELING IL	34 CITY ST ZIP	
TITLE	VP	41 TITLE	☐ Change ☐ Addition
NAME	DECKER, PATRICIA A.	42 NAME	
STREET ADDRESS	4599 CHIPPENDALE DR	43 STREET ADDRESS	
CITY ST ZIP	NAPLES FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 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 (*) next to it.

SIGNATURE: Patricia A. Decker Mar 23 95 (813) 262-2200
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #