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FILED

Jan 30 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 # K40019 (7)

1. Corporation Name

PLATINUM COAST TITLE SERVICES, INC.

Principal Place of Business

3733 TAMiami TRAIL NORTH
NAPLES FL 34103
US

Mailing Address

3733 TAMiami TRAIL NORTH
NAPLES FL 33940
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/20/1988

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

34103

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DECKER, PATTI
3733 TAMiami TRAIL NORTH
NAPLES FL 33940

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE
NAME PLANERA, JOSEPH L.
STREET ADDRESS 222 VOLLMER ROAD
CITY-ST-ZIP CHICAGO HEIGHTS FL

TITLE STD ☐ DELETE
NAME WEINTRAUB, GARY A.
STREET ADDRESS 125 REVERE DRIVE
CITY-ST-ZIP NORTH BROOK FL

TITLE D ☐ DELETE
NAME STAVROS, ALFRED D.
STREET ADDRESS 433 NORTH MILWAUKEE AVENUE
CITY-ST-ZIP WHEELING IL

TITLE VP ☐ DELETE
NAME DECKER, PATRICIA A.
STREET ADDRESS 4599 CHIPPEDALE DR
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 60411

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 465 CENTRAL AVE., SUITE 100
2.4 CITY-ST-ZIP NORTH FIELD, FL 60093

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP 60090

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 34112

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 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; and that my name appears in Block 12 or Block 13 if changed, or

SIGNATURE:

[Signature]

1/23/98

(941) 262-2200

CR2E034 (10/97)