FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K40019

Principal Place of Business

Block 12 or Block 13

PLATINUM COAST TITLE SERVICES, INC.

3733 TAMIAMI		3/33 TAMIAMI THAIL NORTH	l					
NAPLES FL 34103		NAPLES FL 34103			DO NOT WOITE IN	DO NOT WOITE IN THIS SPACE		
US					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			
					10/20/1988	· · · · · · · · · · · · · · · · · · ·		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Apr	plied For	
21 26					58-1809505	No	Applicable	
Suite, Apt. #, etc. Suite, Apt. #,			pt. #, etc.			\$8.75 A	dditional	
22		27			5. Certifcate of Status Desired	Fee Re		
City & Stat	le l	City & State			a Florito Commina Financia		•	
— ·		⊢ ′	7		6. Election Campaign Financing	\$5.00 I		
23	28			Trust Fund Contribution	Added to	rees		
Zip	Country	Zip	Countr	у	This corporation owes the current year Intangible			
			0		Personal Property Tax.		Z No	
9. Name and Address of Current Registered Agent				1	10. Name and Address of New Registe	red Agent		
			8	1 Name				
DECKER, PATTI				2 Ctun nt	Address (D.O. Boy Number is Not Assentable)			
3733 TAMIAMI TRAIL NORTH			8:	Street	Address (P.O. Box Number is Not Acceptable)			
	LES FL 33940		8:	2	2 2 3 3 3 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	ा जन्मा । जन्म का	Pri 4 - 1 1484	
14/11	225 12 555 15		0.	"				
			84	4 City	The second secon	' 85 Zip C	ode	
tour of a con-	name and a		T			= L · ·		
11: Pursuant	to the provisions of Sections 607.0502 a	and 607.1508, Florida Statutes	, the abo	ve-named	corporation submits this statement for the purpos	e of changing its	registered	
Office of a	egistered agent, or both, in the State or	Pioriua, Such change was aut	HUNZEU D	y wie corp	oration's board of directors. I hereby accept the a	opointment as rec	gistered	
ः agent. i a	m familiar with, and accept the obligatio	ns 01, Section 607.0505, Florid	ia Statule	S.				
SIGNATURE								
40	Signature, typed or printed name of registered agent a			ent signature i	required when reinstating) (**** DATE		00.040	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS			
TITLE	DP	☐ DELETE	1.1 TITLE			Change	Addition	
NAME	Planera, Joseph L.	•	1.2 NAME					
STREET ADDRESS	222 VOLLMER ROAD		1.3 STREE	ET ADDRESS		· · · ·		
CITY-ST-ZIP	CHICAGO HEIGHTS FL 60411		- 1,4 CITY-					
TITLE	STD	□ DELĒTE	2.1 TITLE			Change	☐ Addition	
		- Deceie			,	onenge		
NAME	WEINTRAUB, GARY A.		2.2 NAME		•			
STREET ADDRESS	465 CENTRAL AVE, SUITE 100		2.3 STREI	ET ADDRESS				
CITY-ST-ZIP	NORTH FIELD IL 60093		2. 4 CITY-	ST-ZIP			-	
TITLE	.D.	☐ DELETE	3.1 TITLE			☐ Change	Addition	
NAME:	STAVROS, ALFRED D.	2.65	3.2 NAME					
STREET ADDRESS	433 NORTH MILWAUKEE AVENU		1					
5 A 4 A	See to test of the first	E	1	ET ADDRESS	· · · · · · · · · · · · · · · · · · ·	EMAIL BLA	為海姆德	
C/TY-ST-ZIP	WHEELING IL 60090		3.4. CITY-			16314.84.84.83.14	41 A125 4944	
TITLE	VP	☐ DELETE	4.1 TITLE		1 10 10 10 10 10 10 10 10 10 10 10 10 10	- Change ≱		
NAME	, DECKER, PATRICIA A.		4. 2 NAME	•				
STREET ADDRESS	4599 CHIPPENDALE DR		4.3 STREE	ET ADDRESS				
CITY-ST-ZIP	NAPLES FL 34112		4.4 CITY-					
TITLE	INTERESTRATE	☐ DELETE	5.1 TITLE	·- ω		☐ Change	Addition	
			5.2 NAME			□ ourunda		
NAME					, , , ,			
STREET ADDRESS	F125			ET ADDRESS				
CITY-ST-ZIP			5.4 CITY-	ST-ZIP				
TITLE	TOMES AND LIBERT OF THE PARTY O	☐ DELETE	6.1 TTLE			☐ Change	Addition	
NAME	知识场点,所统 名为于		6.2 NAME					
CTDEET ADOPTED	AND THE RESERVE OF THE PARTY OF		63 STREE	T ADORESS				
CITY-ST-ZIP								
CITY OT 71D	1554 20 No. 10 No.		6.4 CITY-	ST-ZIP	1			

SIGNATURE

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 of 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 of the receiver or trustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

FILED

Feb 08, 1999 8:00am

Secretary of State

02-08-1999 90016 005 ***150.00