FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1996

1. Corporation Name

DOCUMENT #

K55185

(8)

PURE PLATINUM, INC.

FILED Apr 26 1996 8:00 am Secretary of State

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Principal Place of Business Mailing Address						., .,,,,,			
1308 ROSE	BLVD.	1308 ROSE B	LVD.						
STE. C	. 00000	STE. C	22000						
ORLANDO FL 32809 US		U\$	ORLANDO FL 32809 US			3. Date incorporated or Qualified 01/03/1989	or Qualified 3a. Date of Last Report 03/28/1995		
2. Principal Plac	ce of Business	2a. Mailing Addre	SS			4. FEI Number			Applied For
1		26				59-2925459			Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #,	etc.			5. Certificate of Status Desired		· · · ·	5 Additional Required
City & State		City & State				6. Election Campaign Financing		\$5.	00 May Be
3		28				Trust Fund Contribution			led to Fees
7 _{IP}	Country 25	Zp 29	Cour 30	ntry			□ No		s 199.032,
<u></u>	g. Name and Address of Curr					10. Name and Address of New F	legistered A	gent	
				81	Name				
JAEGEI	r, Jorge Ivanhoe Blvd., N.			82	Street Addre	ess (P.O. Box Number is Not Acceptat	ole)		
	DO FL 32804			83					
Onbar	0012 02001			84	City		FL	85	Zıp Code
familiar with	n, and accept the obligations of, S	ection 697.0505, Florida 8	statutes.			d of directors. I hereby accept the app	DATE		
	Signature typed or printed name of registered a		(NOTE: Registered	Agen	nt signaturé réduire	ADDITIONS/CHANGES TO OFF		DIRECT	TORS IN 12
12.		AND DIRECTORS	13. TE 1.1 TI	TI F		ADDITIONS/CHANGES 15 CIT		Chang	
TITLE	D Peter, Michael J.		12 N/				_	_	_
NAME	6000 S RIO GRANDE AV	E			ADDRESS				
STREET ADDRESS	ORLANDO FL	L .			ST - ZIP				
CHY-ST-ZIP TITLE	P	DELI			,, _,		Ĺ	Chang	e 🔲 Addition
NAME	NELSON, JOHN D.		2.2 N/	AME					
STREET ADDRESS	6000 \$ RIO GRANDE AV	Έ	2351	FREET	F ADDRESS				
CITY-ST-ZIP	ORLANDO FL		2.4 0)	TY-S	ST - ZIP			=	
TITLE	S	☐ DELI	ETE 3.1 T	ITLE	1		, L	Chang	ge Addition
NAME	Larry church state st. Regis ORL. Th. 321	PL.	3.2 N						
STREET ADDRESS	5230 31. Keji	9. 7.a			T ADDRESS				
CITY-ST-ZIP	ORL. Th. OA	□ DEL			S1-ZIP			Chang	e Addition
TiTLE			ETE 4.17 4.2 N		ļ			٠	
NAME					T ADDRESS				
STREET ADDRESS			1		ST-ZIP				
CITY-ST-ZIP		□ DEL						Chang	ge 🔲 Addition
TITLE NAME			52 N						
STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP					ST-ZIP				
TITLE		DEL						Chan	ge 🔲 Addition
NAME			62 N	AME	1				
STREET ADDRESS			6.3 \$	TREE	T ADDRESS				
OUTV DT TID			64C	ITY-	ST-ZIP				
CITY-ST-ZIP	v certify that the information suppl	ied with this filing is volunt	tarily furnished and	doe	es not qualify	for the exemption stated in Section 119	9.07(3)(k), Flo	rida Sta	atutes. I further

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)(k). 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 eath; that I am an officer or interest of the corporation or the recorder 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 the corporation or on a seminant viith an address.

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

4/22/94

(401) 826-0657