


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 02, 1999 8:00 am**  
**Secretary of State**

08-02-1999 90004 023 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000003116** ✓  
 1. Corporation Name  
**KEITH ALLEN PLATT, MSW, INC.**



Principal Place of Business 1499 FOREST HILL BLVD STE 108 WPB FL 33406 US	Mailing Address 1499 FOREST HILL BLVD STE 108 WPB FL 33406 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>224 DATURA ST</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>224 DATURA ST</b> Suite, Apt. #, etc.
22 <del>STE 711</del>	27 <del>STE 711</del>
23 <b>WEST PALM BEACH FL</b>	28 <b>WEST PALM BEACH FL</b>
24 <b>33401</b> 25 <b>USA</b>	29 <b>33401</b> 30 <b>USA</b>

3. Date Incorporated or Qualified <b>01/11/1993</b>	
4. FEI Number <b>65-0386172</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PLATT, KEITH A**  
**1499 FOREST HILL BLVD**  
**SUITE 212**  
**WPB FL 33406**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

**FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PLATT, KEITH A</b>	
STREET ADDRESS	<del>1499 FOREST HILL BLVD STE 212</del>	
CITY-ST-ZIP	<del>WEST PALM BEACH FL 33406</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>224 DATURA ST SUITE 711</b>
1.4 CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 unchanged, or on an attachment with an asterisk.

SIGNATURE: **Keith A Platt**      **Keith Platt**      7/29/99      361-832-0588

CR2E034 (5/99)

P93000003116  
599411-90004-23

Department of State  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32301-1500

Keith Allen Platt, MSW Inc.  
224 Datura St.  
Suite 711  
West Palm Beach, FL 33401

29 July, 1999

Dear Sir or Madam,

I am writing to you in response to my current corporate report. I moved my office on November 1, 1998. Since that time, I have had trouble getting all my mail. I recently received your second notice annual report with some dismay. I never received the first report this year, and so did not remember to pay it. You can refer to my prior payment record to see that I have always paid on time. I respectfully request that you waive the late fee charged me as it was not completely my fault that I did not pay on time. I enclose the fee for the first report as well as my new address, and the back flap from the report packet showing the yellow change of address sticker. Again, I stress that I never received the first report. I thank you for your time and consideration on this matter, and I sincerely apologize for the lateness of my report.

Sincerely,



Keith Platt, MSW