

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

PROFIT
CORPORATION
ANNUAL REPORT

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

1995-1996



DOCUMENT # P93000086213

1. Corporation Name

PLATON TRADING, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 MAY 10 AM 8:35

Principal Place of Business

Mailing Address

2. Principal Place of Business

2a. Mailing Address

21 2870 PHARR CT SOUTH NW

26 2870 PHARR CT SO, NW

4. FEI Number 65-0457936

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1001

27 1001

City & State

City & State

23 ATLANTA GA

28 Atlanta, Ga

24 Zip 30305

Country USA

29 Zip 30305

30 Country USA

3. Date Incorporated or Qualified 12/13/93

3a. Date of Last Report MAY 1, 1995

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$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

10. Name and Address of New Registered Agent

81 Name

Richard J. Zaden, Esq.

82 Street Address (P.O. Box Number is Not Acceptable)

Ste 200

83

2900 East Oakland PK Blvd

84

City Ft Lauderdale

FL

85 Zip Code 33306

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, Sections 607.0502, 607.1508, Florida Statutes.

SIGNATURE

Richard J. Zaden, Esq.

Registered Agent

4/1/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1. TITLE

2. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

1. TITLE

2. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

3. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

4. TITLE

42. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

5. TITLE

52. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

6. TITLE

62. NAME

63. STREET ADDRESS

64. CITY-ST-ZIP

DIP. credit
Tucker MARK L. #1001
2870 PHARR
Atlanta GA 30305

SECRETARY
MONDAY Elizabeth A
2870 Pharr Ct S, NW #1001
Atlanta GA 30305

600001216896
-05/10/96-01071-001
****200.00 ****200.00

\$225 Dep. 6/28/95

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 119.04(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 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 address.

SIGNATURE:

Mark L. Tucker

03/23/96 (404) 816-2724

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (12/95)