FILE NOW: FILING FEE AFTER MAY 1 IS $25.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000003533 (3)**

1. Corporation Name
PLATIOR, INC.

Principal Place of Business	Mailing Address
2335 TAMIAMI TR N SUITE 301 NAPLES FL 33940	2335 TAMIAMI TR N SUITE 301 NAPLES FL 33940

3. Date Incorporated or Qualified: **01/11/1995**
3a. Date of Last Report:

4. FEI Number: **65-0549514** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☒ No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

GOLD, DENNIS S
2335 TAMIAMI TR N
SUITE 301
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Numbers 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 _____ DATE

12. OFFICERS AND DIRECTORS

TITLE		DELETE
NAME	D	
STREET ADDRESS	GOLD, DENNIS S	
CITY-ST-ZIP	2335 TAMIAMI TR N SUITE 301 NAPLES FL 33940	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	☐ Change ☒ Addition
NAME	Monika Helf	
STREET ADDRESS	12317 Avida Lane S.E.	
CITY-ST-ZIP	Bonita Springs, FL 33923	
TITLE	Secretary	☐ Change ☒ Addition
NAME	Jennifer Grunwald	
STREET ADDRESS	12317 Avida Lane S.E.	
CITY-ST-ZIP	Bonita Springs, FL 33923	
TITLE	Treasurer	☐ Change ☒ Addition
NAME	Klaus Helf	
STREET ADDRESS	12317 Avida Lane S.E.	
CITY-ST-ZIP	Bonita Springs, FL 33923	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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)(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 business entity required 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: _____ MONIKA HELF PRESIDENT 3-5-96 (941-498-0714
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number

CR2E034 (12/95)