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

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Bandra P. Mortham FILED ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 97 JUN 30 PM 12: 26 DOCUMENT # P 950000 2 182 1 SECRETARY OF STATE TALLAHASSEE, FLORIDA PLATINUM SERVICES, INC. Principal Place of Business
438 PUTTEL PT. CT. 436 ATTER POINT PLATTER PT. CT NAPLES FL 34103 NAPLES, FL. 34103 3. Date Incorporated or Qualified 3a. Date of Last Report 03/16/195 05/01/1996 2. Principal Place of Business 20. Mailing Address PATER PT CT. Applied For 438 PATTER PT.CT 59-33/1484 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be ADLES **Trust Fund Contribution** Added to Fees 8. This corporation has liability for intengible tax under s. 199.032, 34103 USA Yes No 24 Florida Statutes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ATRICIA ANN LEAHY
438 PUTTER POINT CT 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 33940 85 Zip Code 84 City 11. Pursuant to the provisions of Sections 607,602 and 607, 1509. 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 apprintment as registered agent. I are familiar with and accept the obligations of, Section 607,0585, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 800002232**甲ftyrjes - D.Adissy** -07/07/97-01179-016 11100 TITLE PATRICIA ANN LEAHY 438 PUTTER POINT CT. 1.2 NAME ****165.00 ****165.00 1.3 STREET ADDRESS STREET ADORESS 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 21 TITLE TITLE NAME 22 NAME 2.9 STREET ADDRESS STREET ADDRESS 2. 4 City-ST-ZIP CITY-ST-ZIP DELETE Change Addition | 31 TITLE mu 3.2 MAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 7/TLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME MANE 5.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CATY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME 8.3 STREET ADORESS 6.4 City-ST-ZIP Loo hereby certify that the information supplied with this filing does not qualify the exemption stated in Section 119.07(3)(i), Florida Statutes. Nurther certify that the information indicated on this should 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 dorporation or the receiver or fusites empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changed, or on an attachment with an address. SIGNATURE: