03-24-1999 90088 015 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9600053868

PLATINUM FUNDING CORPORATION, INC.								į					
Principal	Place of Busines	s	Mailing A	ddress	·				\$ 100 FIOR FIOR COLL & BLAIL BOILS OF	16 			
6032 ROYAL BIRKDALE DR LAKE WORTH FL 33467 CAKE WORTH FL 33467					₹				DO NOT WRI	TE IN THIS	SPACE		
	`								3. Date Incorporated or Qualifed				
									06/24/1996				
2. Princi	ipal Place of Busin	2a. Mailin	Mailing Address				 [4, FEI Number		Ar	plied For		
21			26	26					65-0687055		No	ot Applicable	
Suite,	Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certifcate of Status Desired			Additional equired	
	City & State			City & State					6. Election Campaign Financing	. _□	\$5.00	May Be	
23	İ	28						Trust Fund Contribution Added to Fees					
Zip	1	Country	Zip	Zip Cou			ountry		8. This corporation owes the curr	ent year Inta		_ i	
24	<u>. </u>	25	29	29 30					Personal Property Tax.		Yes	□No	
	9. Name	and Address of Current	Registered A	Agent		81	Name		10. Name and Address of New F	tegistered /	\gent		
	OFALACIL MICHELLE								•			1	
	BENACH, MICHELLE 6032 ROYAL BIRKDALE DR LAKE WORTH FL 33467					82	Street	Addres	s (P.O. Box Number is Not Accepta	ıble)	·		
						Ш							
ļ	LAKE WORTH	FL 3340/				83						- 1	
						84	City		· ·	·FL	85 Zip	Code	
11. Purs	suant to the provis	ions of Sections 607.0502	2 and 607.1508	3, Florida Statut	es, the a	bove	-named	corpor	ation submits this statement for the	purpose of	hanging its	registered	
offic	e or registered ag	ent, or both, in the State of ith, and accept the obligat	of Florida. Suc	h change was a	uthorized	i by t	the corp	oration'	's board of directors. I hereby accep	t the appoin	itment as re	egistered	
- 1	1	iai, and accept the obligat	10110 011 00000	,, 557, 5500, 1 14	5						•		
SIGNAT	Signature, typed	or printed name of registered agent	and title if applicab	le. (NOTE	: Registered	Agent	t signature :	required w	hen reinstating)	DATE			
12.		OFFICERS ANI			13.	13.			ADDITIONS/CHANGES TO OF	FICERS AN			
TITLE	P .	1 '		☐ DELETE	1.1 TITLE					•	☐ Change	☐ Addition {	
NAME		BENACH, MICHELLE		12 NA		12 NAME							
STREET AD		yal birkdale dr		1.3 ST			1.3 STREET ADDRESS						
CITY-ST-ZIF	ZIP LAKE WORTH FL				1.4 CITY-ST-ZIP								
TITLE	V	•		2.1 TI	2.1 TITLE 🗸		V _		ΔĎ	Change	Addition		
NAME, 1	└─ -\-MARGOL	IN, DEBRA C		Sec	2.2 N	WE_	ختا ، ا	DE	BRA.C. MARGOL 46 HUDSON LA	! <u>™</u>		- ·	
STREET ADE	DRESS 6032 RO	yal birkdale dr		2.3 S7		3 STREET ADDRESS 3		35	146 HODSON CA	いんに		\	
CITY-ST-ZIF	LAKE WO	orth fl		.~	2.4 C	πγ∙\$1	T-ZIP	30	YNTON BEACH, F	L 33	3426		
TITLE		. *v.		☐ DELETE	TE 3.1 TITE				.,.		Change	☐ Addition	
NAME		3.3		3.2 N	3.2 NAME								
STREET AD	DRESS 3.3				3.3 \$1	3.3 STREET ADDRESS			•			}	
CITY-ST-ZIF	P		· · · · · · · · · · · · · · · · · · ·		3.4. C	ITY-SI	T-ZIP	↓					
TITLE		☐ DELE		DELETE	4.1 TITLE						Change	☐ Addition {	
NAME					4. 2 NAM			ľ					
STREET ADD	DRESS				4.3 ST	REET	ADDRESS						
CITY-ST-ZI	Р				4.4 CI	TY-ST	-ZIP	<u> </u>	<u></u>				
TITLE					1 TITLE					Change	☐ Addition		
NAME					5.2 N								
STREET AD	ORESS	A CONTRACT			5.3 \$	REET	ADORESS		,	,		}	
CITY-ST-ZI	P or the second	- * *** - *** *** ***			_	TY-ST	-ZIP						
TITLE	183 5 6 6	Es . 1		☐ DELETE	6.1 TI						☐ Change	☐ Addition	
NAME	***************************************	ar			6.2 N)	
OTDEET ADI	noccel				6.3 ST	REET	ADDRESS	1				i	

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 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP