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**

Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90090 008 ***150.00

DOCUMENT #	P97000011343

٤.	Corporation	LAGING													
:	PLATINU	m Hospita	LITY, INC.												
Pri	ncipal Place	e of Business		Mailing Ad	dress	<u>.</u>									11
299	2 W. INTERN	NATIONAL SPEED	WAY BLVD.	2992 W. INT	ERNATIONAL SPE	EEDWAY	BL۱	/D.							
DAY	TONA BEAC	H FL 32114		DAYTONA B	EACH FL 32114						DO NOT	WRITE IN 1	HIS SPACE		
									;	3. Date Incorp	orated or Qua		<u></u>		
	Principal PI	ace of Business	*/~,	2a. Mailing	Address					1. FEI Numbe			Т-	Appli	ed For
21	Cinicipari	ace of business	•	26	, 100. 555					_59-34251					Applicable.
41 .	Suite, Apt.	#, etc.			pt. #, etc.		_==	<u></u>				·	\$8.7		ditional
22		•		27					'	5. Certifcate o	f Status Desire	ed 🗆	Fee	e Requ	iired
	City & State	e		City &	State					6. Election Ca	mpaign Financ	cing	\$5.	<u>00</u> м	ay Be
23	·			28						Trust Fund	Contribution		Add	led to	Fees
1	Zip		Country	Zip		Count	try			B. This corpor	ation owes the	current yea			_
24		25		29	3	0					operty Tax.		Yes]No
		9. Name and	d Address of Curren	t Registered A	gent				1	0. Name and	Address of N	ew Registe	red Agent		
			_			8	31	Name	•						
		L, MANILAL F				8	32	Street A	Address	(P.O. Box Nun	nber is Not Ac	ceptable)			
	-		FIONAL SPEEDWAY	Y BLVD.						<u> </u>					
	DAY	TONA BEACH	FL 32114			8	83								
						8	84	City					85	Zip Co	de
							1	-					FLITI	•	
11	. Pursuant office or reagent. I a	to the provisions egistered agent, m familiar with,	of Sections 607.050 or both, in the State and accept the obliga	2 and 607.1508, of Florida, Such tions of, Section	Florida Statutes change was aut 607.0505, Florid	, the abo horized to la Statute	ove by t	-named of he corpo	corporati oration's	on submits thi board of direct	s statement fo tors. I hereby a	r the purpos accept the a	e of changing ppointment a	g its re is regis	gistered stered
	GNATURE	Mani	'Sel UP	OFEL	MAN	ILA	L	<u>_</u>	PO	DE-C		<u> </u>	36/97		
		Signalare, typed or pr	inted name of registered ager		. (NOTE: R		gent	signature re	equired whe		CHANGES TO	OCCIOCO	E AND DIDE	CTOP	S IN 12
12			OFFICERS AN	D DIRECTORS	DELETE	13.		₁		ADDITIONS	CHANGES TO	OFFICER.	Chai		Addition
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_NĄJ		PATEL, KISH		FDIA(AV BILLS		2.2 NAM					-		-		-
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NAM		PATEL, SON				3.2 NAM]					•		
	REET ADDRESS	4800 N. TAM						ADDRESS							
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214	REET ADDRESS		ERNATIONAL SPE	EDWAY BLVD.		4.3 STR	EET	ADDRESS							
	REET ADDRESS Y-ST-ZIP			EDWAY BLVD.	☐ DELETE		EET.]					☐ Cha	700	☐ Addition

CITY+ST-ZIP 14. I hereby certify that the information supplied with this filling 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.

5.1 TIRE 5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

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5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

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3.480

TITLE

NAME

TITLE

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STREET ADDRESS

CITY-ST-ZIP}

DELETE

9.4-253-0643

Change

☐ Addition