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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P97000074902

1. Corporation Name

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90019 004 ***150.00

PLATINU	m Builders, Inc.									
Principal Place	e of Business	Mailing Address				-	ANT MAILT MATER TO	(BL) BIBIO IA	ili) Ebrin irai radı	
1625 W. MARION AVE., STE. 7 P.O. BOX 510215					-	•			•	
PUNTA GORDA FL 33950 PUNTA GORDA FL 33951 US						DO NOT WRITE IN THIS SPACE				
		03				3. Date Incorporated or Qualifed				٦
						08/28/1997				
2. Principal Pl	ace of Business	2a. Mailing Address	_			4. FEI Number		ļ	Applied For	
21 1625	W. Marion Ave	26	_			NOT APPLICABLE			Not Applicable	4
Suite, Apt.		Suite, Apt. #, etc.				5. Certifcate of Status Desired	Ď.		Additional Required	
City & State	9 0	City & State				6. Election Campaign Financing			O May Be	ŀ
23 Funt	a Gorda, FL	28				Trust Fund Contribution		Adde	d to Fees	4
Zip 330	150 25 US	Zip 29	Counti	ТУ		This corporation owes the curr Personal Property Tax.	rent year Inta	ingible Yes	ZINO	
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New I	Registered /	Agent		4
			8	1 Name	9					
	DERSON, MIKO P		8	2 Stree	t Addres	ess (P.O. Box Number is Not Accepta	able)			1
	PLACIDA RD., STE. 204									
ENG	LEWOOD FL 34223		8	3						
			8	4 City			FL	85 Zi	p Code	7
										_
office or re agent. I ar	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was	autnonzeo d	y ine cor	d corpoi poration	oration submits this statement for the n's board of directors. I hereby accep	pt the appoil	changing trient as	its registered registered	-
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered ag	of Florida, Such change was ations of, Section 607.0505, Floridand title of applicable. (NO	authorized b orida Statute	y the cor es.	poration	when reinstating)	DATE	unent as		- - - - - - -
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CITY-ST-ZIP 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 selver 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 a attachment with an address, with all other like empowered.

SIGNATURE: