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 # P98000050192

1. Corporation Name

PLATINUM FINE WATCHES, INC.

Principal Place of Business Mailing Address						p. 6 66.6	
247 SE MIZNER BLVD. 247 SE MIZNER BLVD.					•		
BOCA RATON FL 33432 BOCA RATON FL 33432					DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualifed		
					06/04/1998		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	olied For
21		26			65-0842003		Applicable
Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 A	I
22 City & Stat		City & State			6. Election Campaign Financing	\$5.00	·
— ·	e	28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Country		8. This corporation owes the current year	ntangible	
24	25	29	30		Personal Property Tax.		□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registere	d Agent	
	W		81	Name			
	ATHERMAN, WARD SE MIZNER BLVD.		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
	CA RATON FL 33432		83				
			84	O'th.	<u> </u>	. 85 Zip C	ode
			84 City		F	L Post Zip o	oue
SIGNATURE	Signature, typed or printed name of registered agen		Registered Ager	nt signature requir	ed when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR Change	RS IN 12
TITLE	PTD	DELETE 1.1				Change	
NAME	WEATHERMAN, MICHELLE		1.2 NAME)
STREET ADDRESS			1.3 STREET				Ì
CITY-ST-ZIP TITLE			1.4 CITY-S 2.1 TITLE	1-ZIP		Change	Addition
NAME	WEATHERMAN, WARD			Ì			
STREET ADDRESS	A CONTRACTOR DIVID		2.3 STREET	T ADDRESS			
CITY-ST-ZIP	30CA RATON FL 33432 2.40		2. 4 CITY-S	T-ZIP			
TITLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE				•
CITY-ST-ZIP				T-ZIP		Change	Addition
TITLE		□ nere ie	4.1 TITLE 4.2 NAME)		□ onongo	
NAME STREET ADDRESS			4.2 NAME	T ADDRESS			
			4.4 CITY-S				
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			53 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	<u></u>		
TITLE		☐ DELETE	6.1 TITLE	- 1		☐ Change	Addition

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 or an attachment with an address, with all other like empowered.

6.2 NAME

63 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90007 001 ***150.00