PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Katherine Karris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # s31700

(5)

Mailing Address

1. Corporation Name

Principal Place of Business

Platinum Group Associates, Inc.

FILED Jun 24, 1999 8:00 am Secretary of State

06-24-1999 90022 020 ***158.75

| 1897 | Palm Beach Lakes Bl | vd. 1897 Palm | Beach | Lakes B | ilvd. | | |
|---|---|--------------------------------------|---------------|-------------------------------|--|-------------|---------------|
| Suite 125 Suite 125 | | | | | DO NOT WRITE IN THIS SPACE | | |
| W Palm Beach, FL 33409 W Palm Beach, | | | | 33409 | 3. Date Incorporated or Qualifed 02/12/1991 | | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | 4. FEI Number | T Ar | pplied For |
| 21 | iado di Dadiniado | 26 | | | 65-0245677 | No. | ot Applicable |
| Suite, Apt. | # etc | Suite, Apt. #, etc. | | | | \$8.75 | Additional |
| 22 | , | 27 | 17 | | 5. Certifcate of Status Desired | Fee Ro | equired |
| City & State City & State | | | | | 6. Election Campaign Financing | \$5.00 | May Be |
| 23 28 | | | | | Trust Fund Contribution | | to Fees |
| Zip | | | | | 8. This corporation owes the current year Inta | ingible | |
| 24 | 25 29 30 | | | Personal Property Tax. Yes No | | | |
| | 9. Name and Address of Curren | t Registered Agent | | | 10. Name and Address of New Registered A | igent | |
| | | | 81 | Name | | |) |
| Gamblin, Roger | | | | Street Addre | ess (P.O. Box Number is Not Acceptable) | | |
| 1897 Palm Beach Lakes Blvd. | | | | Ou con ridar | | | |
| | | | | | | | |
| #125 | D.1 - B1- EL 2240 | 0 | | 0:4 | | 85 Zip | Code |
| West | Palm Beach, FL 3340 | 9 | 84 | City | FL | 03 ZIP | Jode |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above | | | | | oration submits this statement for the purpose of o | hanging its | registered |
| ì office or r | registered agent, or both, in the State im familiar with, and accept the obligation | of Florida. Such change was auti | norizea by | the corporation | on's board of directors. I hereby accept the appoint | tment as re | gistered |
| • | illi tamiliar witir, and accept the obliga | tions of Section our toses, Florid | ia Cialatol | | | | } |
| SIGNATURE | Signature, typed or printed name of registered ager | nt and title if applicable. (NOTE: R | egistered Age | nt signature required | d when reinstating) DATE | | |
| 12. | | ID DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS AND | DIRECTO | ORS IN 12 |
| TITLE | Р | ☐ DELETE | 1,1 TITLE | | | Change | ☐ Addition |
| NAME | Gamblin, Roger | | 1.2 NAME | | | | İ |
| STREET ADORESS | 1897 Palm Beach L | okoo 1911 d #125 | 1.3 STREE | T ADDRESS | | | i |
| CITY-ST-ZIP | West Palm Beach, | | 1,4 CITY-S | T-ZIP | | | |
| TITLE | T West rath heach, | DELETE | 2.1 TITLE | | | ☐ Change | ☐ Addition |
| NAME | | | 2.2 NAME | | | | |
| STREET ADDRESS | Duke, Ken 1897 Palm Beach L | okoo Plud #125 | 2.3 STREE | TADDRESS | | | 1 |
| CITY-ST-ZIP | l . | | 2.4 CITY-5 | | | | ļ |
| TITLE | West Palm Beach, | DELETE | 3.1 TITLE | | | Change | Addition |
| NAME | | _ . | 3.2 NAME | | | | |
| STREET ADORESS | | | | TADDRESS | | | } |
| ì ' | | | 3.4. CITY-5 | 1 | | | } |
| TITLE | | ☐ DELETE | 4.1 TITLE | J1*21 | | ☐ Change | ☐ Addition |
| NAME | | | 4, 2 NAME | | | | |
| STREET ADDRESS | { | | | T ADDRESS | | | |
| { | | | 4.4 CITY-S | i | | | |
| CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE | | | ☐ Change | ☐ Addition |
| NAME | | | 5.2 NAME | | | - | |
| STREET ADDRESS | Į | | | T ADDRESS | | | ļ |
| 1 | 1 | | 5.4 CITY-S | i | | | İ |
| CITY-ST-ZIP | - | ☐ DELETE | 6.1 TITLE | + | | ☐ Change | Addition |
| 1 | 1 | | 6.2 NAME | | | • | _ |
| NAME | | | | T ADDRESS | | | 4 |
| STREET ADDRESS | | | 6.4 CITY-S | | | | |
| CITY-ST-ZIP | 1 | | 0.4 CHT-5 | 11-4IF | | | |

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 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 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 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 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 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 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 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 supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on the information indicated on the information indicated on this annual report or supplied with the information indicated on the information indicated on the information indicated on the information indicated on the informa

SIGNATURE:

Roger Gamblin

06/21/99

561-686-7611

ate

Daytime Phone #

(2E034 (11/98)

· / / / / /-

FRANK COCNOWER

1897 PALM BCH LAKES BLVD

STE 125
WEST PALM BCH,FL 33409

Request taken by: yfisher 04-29-1999

The forms you recently requested from this office are:

(1) 201. COR Profit A/R

Should you have any questions or need any further information, please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314