

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S89777** (4)

1. Corporation Name

PURE PLATINUM PRODUCTIONS, INC.



Principal Place of Business

**3365 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE FL 33306**

Mailing Address

**3365 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE FL 33306**

2. Principal Place of Business

2a. Mailing Address

21 **2301 DELMAR PLACE**

26 **2301 DELMAR PLACE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
FT. LAUDERDALE, FL

27 City & State
FT. LAUDERDALE

23 Zip Country
33301

28 Zip Country
33301

9. Name and Address of Current Registered Agent

**LIROT, LUKE, CHARLES
2000 MAGNOLIA AVE
CLEARWATER FL 34624**

3. Date Incorporated or Qualified
10/25/1991

3a. Date of Last Report
02/22/1995

4. FEI Number
65-0298614

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

LIROT, LUKE CHARLES

82 Street Address (P.O. Box Number is Not Acceptable)

112 EAST STREET, SUITE B

83

84 City

TAMPA

FL

85 Zip Code

33602

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (If Registered Agent is Not the Corporation)

Signature of Registered Agent (If Registered Agent is the Corporation)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **PETER, MICHAEL J.**
CITY-ST-ZIP **3365 N. FEDERAL HWY
FT. LAUDERDALE FL**

TITLE ☐ DELETE
NAME **ST**
STREET ADDRESS **CHURCH, LAWRENCE**
CITY-ST-ZIP **3365 N FEDERAL HWY
FT LAUDERDALE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption, stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/4/96

(954) 522-0592

CR2E034 (12/95)