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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 07 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1997
DOCUMENT #

CITY-ST-ZIP

14. I do hereby certify that the information indicated on the Lam an officer or director.

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PLATINUM MARKETING PRODUCTIONS, INC.

Principal Place of Business Mailing Address **500 INTERNATIONAL PARKWAY** -800 INTERNATIONAL PARKWAY-HEATHROW-FL 32748 SUITE 900-HEATHROW FL 92740-5000 3. Date Incorporated or Qualified 3a. Date of Last Report 02/19/1992 10/08/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 195 Wekiva Spring Rd 195 Wekeva 59-3111058 Not Applicable S⊔ite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Swik 100 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Long wood, FL 23 Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032 USA Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DEFALCO, JAMES G. 300 INTERNATIONAL PARKWAY Street Address (P.O. Box Number is Not Acceptable)
195 Wellma Springs SUITE 300 HEATHROW AL 32748 Zip Code 32779 the above-named corporation submits this statement for the purpose of changing its registered orized by the corporation's board of directors. I hereby accept the appointment as registered 11. Pursuant to th OTE: Registered Agent signature required when reinstating) 12, OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1 i inle Change Addition D **DEK**ALCO, JAMES G. NAME 1.2 NAME 195 Wekiva Springs Ad Ste 100 Long wood, Fl 32779 **900 INTERNATIONAL PKWY** STREET ADORESS 13 STREET ADDRESS HEATHROW FL CITY-ST-ZIP 14 CITY - \$1 - 7IP DELETE TITLE 2 1 THLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CHY+S1+ZIP DELETE TITLE Change Addition 3.1.1011 NAME 3.2 NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 3.4. C(TY - ST - ZIP DELETE TITLE 4 1 TITLE Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 7:P DELETE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST- 7iP DELETE TITLE 61 TITLE Change Addition NAME 62 NAME STREET ADDRESS 63 STREE

ZIP

pmption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the curate and that my signature shall have the same legal effect as if made under eath; that ecute this report as required by Chapter 607, Florida Statutes, and that my name

4/20/67