PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name 8475, INC.

DOCUMENT # K09325



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90015 047 ***150.00

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Principal Place of Business Mailing Address					
3033 RIVIERA DR 3033 RIVIERA DR					
STE 201 STE. 201					DO NOT WRITE IN THIS SPACE
NAPLES FL 34103 NAPLES FL 34103 US					3. Date Incorporated or Qualifed
US		03			12/29/1987
	- of Duciness	2a Mailing Address			4. FEI Number Applied For
⊢ '	ncipal Place of Business 2a. Mailing Address				65-0016435 Not Applicable
		Cuito Apt # etc	<u> </u>		\$8.75 Additional
Suite, Apt. #, etc.		<u> </u>	Suite, Apt. #, etc. □		5. Certificate of Status Desired Fee Required
22 City & Ctata		City & State	City & State		
City & State		28	¬ ·		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country		Zip	<u> </u>		This corporation owes the current year Intaggible
─ `	25	29 30	- , '		Personal Property Tax.
24	9. Name and Address of Current		''		10. Name and Address of New Registered Agent
	J. Hame and Address of Current	regiote or rigorit	81	Name	
BUD	d, david G.			<u> </u>	
	RIVIERA DR.		82	Street A	Address (P.O. Box Number is Not Acceptable)
STE			83		
	LES FL 34103		["		
			84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abov	e-named c	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
office or re	egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was auth	orized by a Statutes	the corpo	pration's board of directors. I hereby accept the appointment as registered
_	III farmial with, and accept the congati	,	o otototo		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Age	nt signature re-	aquired when reinstating) DATE
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	ŞTD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RUBIN, HARRY		1.2 NAME		
STREET ADDRESS	3033 RIVIERA DR., STE. 201		1.3 STREE	TADDRESS	
CITY-ST-ZIP	NAPLES FL		1.4 CITY-5	ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RUBIN, ALEX		2.2 NAME		
STREET ADDRESS	3033 RIVIERA DR., STE. 201		2.3 STREE	TADORESS	
CITY-ST-ZIP	NAPLES FL		2. 4 CITY-	ST-ZIP	
TITLE	V	☐ OELETE	3.1 TITLE		. Change Addition
NAME	RUBIN, BENJAMIN		3.2 NAME		
STREET ADDRESS	3033 RIVIERA DR., STE. 201		l	T ADDRESS	
CITY-ST-ZIP	NAPLES FL		3.4. CITY-		
TITLE	VAS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME .	RUBIN, LINDA		4. 2 NAME		•
STREET ADDRESS	3033 RIVIERA DR., STE. 201			TADDRESS	•
	ALABI EA EL		4.4 CITY-5		
CITY-ST-ZIP TITLE	NAPLES FL V		5.1 TITLE	,, · CII	☐ Change ☐ Addition
NAME	BUDD, DAVID G		5.2 NAME		
1	3033 RIVIERA DRIVE, STE 201			TADORESS	
STREET ADDRESS			5.4 CITY-S	}	
CITY-ST-ZIP	NAPLES FL	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
TITLE			6.2 NAME		
NAME				T ADDRESS	
STREET ADDRESS				I	-
CITY-ST-ZIP			6.4 CITY-5	DI-4IP	

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

SIGNATURE:

CITY-ST-ZIP

David G. Budd,

3/16/99

(941) 263-7700