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**FILED**  
**Mar 30, 1999 8:00 am**  
**Secretary of State**

03-30-1999 90007 008 \*\*\*150.00

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**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P94000062154**

1. Corporation Name  
**THE FORTY EIGHTYFIVE CORPORATION**

Principal Place of Business

~~4085 NW 3RD ST~~  
~~MIAMI FL 33126~~

**2000 IOWA AVE N.E**  
**ST PETERSBURG FL 33703**

Mailing Address

~~4085 NW 3RD ST~~  
~~MIAMI FL 33126~~

**2000 IOWA AVE NE**  
**ST PETERSBURG, FL 33703**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

08/23/1994

4. FEI Number

65-0547846

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CABRERA, NELSON**

~~4085 NW 3RD ST~~  
~~MIAMI FL 33126~~

10. Name and Address of New Registered Agent

81 Name

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

**2000 IOWA AVE N.E.**

83

84 City **ST PETERSBURG**

85 Zip Code **FL 33703**

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]*  
Signature, typed or printed name of registered agent and title if applicable.

**NELSON CABRERA**

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/26/99**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **D CABRERA, NELSON**  
STREET ADDRESS **4085 NW 3RD ST**  
CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ DELETE  
NAME **D CABRERA, SANDRA I**  
STREET ADDRESS **4085 NW 3RD ST**  
CITY-ST-ZIP **MIAMI FL 33126**

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 **2000 IOWA AVE N.E.**  
1.4 CITY-ST-ZIP **ST PETERSBURG FL 33703**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS **2000 IOWA AVE N.E.**  
2.4 CITY-ST-ZIP **ST PETERSBURG FL 33703**

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 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/26/99 (27)522-1009**

CR2E034 (11/98)