FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

0287078

PROFIT
CORPORATION
ANNUAL REPORT
1999

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

99 MAR 12 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000089016**

1. Corporation Name
8470 INC.

Principal Place of Business	Mailing Address
3601 W COMMERCIAL BLVD FORT LAUDERDALE FL 33309	3601 W COMMERCIAL BLVD FORT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/19/1998

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 5434 W Sample Rd
Suite, Apt. #, etc
27 #246
City & State
28 MARGATE Broward
Zip 29 FL Country 30 33073

4. FEI Number
65-00 82803
☐ 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 owes the current year Intangible Personal Property Tax [ ] Yes [X] No

9. Name and Address of Current Registered Agent

DOMBROW, ALLAN B
3601 W COMMERCIAL BLVD
FORT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name DOMBROW, ALLAN B
82 Street Address (P.O. Box Number is Not Acceptable)
5434 W Sample Rd
83 Ste. 246
84 City Margate FL 85 Zip Code 33073

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 Allan B Dombrow DATE 3/3/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required before entity can be filed)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	[ ] DELETE	11 TITLE	D [X] Change [ ] Addition
NAME	DOMBROW, ALLAN B		12 NAME	DOMBROW, ALLAN B
STREET ADDRESS	3601 W COMMERCIAL BLVD		13 STREET ADDRESS	5434 W Sample Rd Ste 246
CITY-ST-ZIP	FORT LAUDERDALE FL 33309		14 CITY-ST-ZIP	Margate FL 33073
TITLE		[ ] DELETE	21 TITLE	[ ] Change [ ] Addition
NAME			22 NAME	
STREET ADDRESS			23 STREET ADDRESS	
CITY-ST-ZIP			24 CITY-ST-ZIP	
TITLE		[ ] DELETE	31 TITLE	[ ] Change [ ] Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		[ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

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****150.00 ****150.00

3-16-99

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: Allan B Dombrow 3/3/99 305 676 3663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)