


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

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Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90004 023 ***150.00

UD94903

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000001583

1. Corporation Name
GUCKENHEIMER ENTERPRISES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1450 ODDSTAD DR REDWOOD CITY CA 94063	Mailing Address THREE LAGOON RAVE SUITE 325 REDWOOD CITY CA 94065 US
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3. Date Incorporated or Qualified 03/27/1997
4. FEI Number 94-1695897
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business 21 3 Lagoon Dr#325 Suite, Apt. #, etc.	2a. Mailing Address 26 3 Lagoon Dr#325 Suite, Apt. #, etc.
22 City & State Redwood Shores, California	27 City & State Redwood Shores, California
23 Zip 94065	28 Zip 94065
24 Country US	29 Country US

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	RITCHIE, C STEWART III MD	
STREET ADDRESS	THREE LAGOON DRIVE., SUITE 325	
CITY-ST-ZIP	REDWOOD CITY CA 94065	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	RITCHIE, JEANETTE S	
STREET ADDRESS	THREE LAGOON DRIVE, SUITE 325	
CITY-ST-ZIP	REDWOOD CITY CA 94065	
TITLE	CAO	<input type="checkbox"/> DELETE
NAME	RITCHIE, JEANETTE S	
STREET ADDRESS	THREE LAGOON DRIVE, SUITE 325	
CITY-ST-ZIP	REDWOOD CITY CA 94065	
TITLE	COOP	<input type="checkbox"/> DELETE
NAME	MACIAG, GEORGE E	
STREET ADDRESS	THREE LAGOON DRIVE, SUITE 325	
CITY-ST-ZIP	REDWOOD CITY CA 94065	
TITLE	CFOV	<input type="checkbox"/> DELETE
NAME	POPE, WILLIAM R	
STREET ADDRESS	THREE LAGOON DRIVE, SUITE 325	
CITY-ST-ZIP	REDWOOD CITY CA 94065	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LAPETINA, FRANK V	
STREET ADDRESS	THREE LAGOON DRIVE, SUITE 325	
CITY-ST-ZIP	REDWOOD CITY CA 94065	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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** **3/22/99** **(650) 631-5144**
Date Daytime Phone #

CR2F034 (1/98)