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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F97000001583 (0)

GUCKENHEIMER ENTERPRISES, INC.

Mailing Address

FILED Mar 19 1998 8:00am Secretary of State



Principal Place of Business 1450 ODDSTAD DR REDWOOD CITY CA 94063 1450 ODDSTAD DR REDWOOD CITY CA 94063 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/27/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 94-1695897 21 26 THREE LAGOOD Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Suite 324 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 HOLES 28 6000D Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year intangible 94062 H2N 24 25 Personal Property Tax due June 30. 29 Yes Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 81 Name 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 City Zip Code 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, typed or printed name of registered agent and the it applicable OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CEO TITLE DELETE Addition 1.1 TITLE Change RITCHIE, C STEWART III MD NAME 1.2 NAME 1450 ODDSTAD DR THEE CACOON PRIVE, JUICE 325 STREET ADDRESS 1.3 STREET ADDRESS REDWOOD CITY CA 94083 REDIDOUR SHOKES. CA CITY-ST-ZIP 1.4 CITY - ST- ZIP DC DELETE TITLE 2.1 TITLE RITCHIE, JEANETTE 8 NAME 2.2 NAME THREE CACOON PLUS, SHITE 326 1450 ODDSTAD DR STREET ADDRESS 2.3 STREET ADDRESS REDWOOD CITY CA 94063 RETWOOD SHOKES, CA CITY-ST-ZIP 2. 4 CITY - ST - ZIP CAD DELETE 3.1 TITLE TITLE RITCHIE, JEANETTE S TREE CACOON PRIVE, SUITE 325 NAME 3.2 NAME 1450 ODDSTAD DR STREET ADDRESS 3.3 STREET ADDRESS **REDWOOD CITY CA 94063** REPLYODD SIGNER, CA 94065 CITY-ST-ZIP 3.4. CITY-ST-ZIP COOP DELETE TITLE 4.1 TITLE Addition MACIAG, GEORGE E NAME 4.2 NAME THESE LAGORA PRIVE, SHITE 326 1450 ODDSTAD DR STREET ADDRESS 4.3 STREET ADDRESS REDWOOD SHOKES, CA 940W REDWOOD CITY CA 94063 CITY-ST-ZIP 4.4 CITY-ST-ZIP **CFOV** DELETE Addition TITLE 5.1 TITLE POPE, WILLIAM R THESE CACODA PRIVE, SHIPE 325 NAME 5 2 NAME 1450 ODDSTAD DR STREET ADDRESS 5.3 STREET ADDRESS REDWOOD SHOKES, CA 94064 REDWOOD CITY CA 94063 CITY-ST-ZIP 5.4 CITY-ST-ZIP Change DELETE Addition TITLE 6.1 TALE TRASE CALORA PRIVE, SHITE 325 LAPETINA, FRANK V NAME 6.2 NAME 1450 ODDSTAD DR STREET ADDRESS 6.3 STREET ADDRESS RETWOOD SHORES, CA PYOLU REDWOOD CITY CA 94063 CITY-ST-ZIP 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 supplimental 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 of the receiver or tastee 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. (660)

CIGNATURE

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