

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

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra S. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J44957 (5)
1. Corporation Name
MUSTACHE MAN & COMPANY, INC.

Principal Place of Business
**1579 SW DYER PT RD.
PALM CITY FL 34990**

Mailing Address
**1579 SW DYER PT RD.
PALM CITY FL 34990**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/03/1986	
4. FEI Number 59-2746152	Applied For <input type="checkbox"/> Not Applicable
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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent

**BROGAN, JAMES T.
1579 SW DYER PT RD.
PALM CITY FL 34990**

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12.		
TITLE	DP	<input type="checkbox"/> DELETE
NAME	BROGAN, JAMES T.	
STREET ADDRESS	1579 SW DYER POINT RD	
CITY-ST-ZIP	PALM CITY FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	BROGAN, MARY E.	
STREET ADDRESS	1579 SW DYER POINT RD	
CITY-ST-ZIP	PALM CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROGAN, JAMES T., IV	
STREET ADDRESS	1579 SW DYER POINT RD	
CITY-ST-ZIP	PALM CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROGAN, PATRICK T.	
STREET ADDRESS	1579 SW DYER POINT RD	
CITY-ST-ZIP	PALM CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.		
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BROGAN, JAMES T. IV	
3.3 STREET ADDRESS	2702 SW MATHESON AVE. BLDG. 113, #D1	
3.4 CITY-ST-ZIP	PALM CITY, FL 34990	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BROGAN, PATRICK T.	
4.3 STREET ADDRESS	632 SW ICON AVE.	
4.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34953	
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.

SIGNATURE: *MARY E. Brogan* - MARY E BROGAN 4/14/98 561-283-8864

CR2E034 (10/97)