Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J44957 1. Corporation Name

MUSTACHE MAN & COMPANY, INC.

Principal Place of Business 1579 SW DYER PT RD.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

PALM CITY FL 34990

21

22

Mailing Address

1579 SW DYER PT RD. PALM CITY FL 34990

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90240 020 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

12/03/1986

<u>59-2746152</u>

4. FEI Number

Zip	Country Zip Cou			intry		This corporation owes the current year Intangible					
4	25	29 30				Personal Property Tax.			s [□No _	
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
				81	Name						
BROGAN, JAMES T.					Street Addre	ess (P.O. Box Number is Not Accept	ahla)				
1579 SW DYER PT RD.				82	Stieer Addit	355 (F.O. BOX Number 15 Not Accept	abicy				
PALI	W CITY FL 34990			83							
	· · · ·			Ш				T 1			
				84	City		FŁ	85	Zip C	ode	
44 Durament	to the provisions of Sections 607.0502 a	and 607 1508 Florid	la Statutes the s	hove	-named corno	oration submits this statement for the	purpose of	changi	na its r	egistered	
office or re	egistered agent, or both, in the State of I	Florida. Such chanc	se was authorized	ı by t	ine corporatio	n's board of directors. I hereby acce	pt the appo	ntment	as reg	istered	
agent. I ar	m familiar with, and accept the obligation	ns of, Section 607.0	505, Florida Stat	utes.							
SIGNATURE						Jukes Polistation)	DATE				
12.	Signature, typed or printed name of registered agent ar OFFICERS AND		(NOTE: Registered	agent	sagnature required	ADDITIONS/CHANGES TO OF		ID DIRI	ECTOF	RS IN 12	
	DP OFFICERS AND	DIRECTORS		DΕ			,,	□ Ch		Addition	
TITLE	F =			1.2 NAME				_	- '	_	
NAME	BROGAN, JAMES T.										
STREET ADDRESS	1579 SW DYER POINT RD				ADDRESS						
CITY-ST-ZIP	PALM CITY FL			1,4 CITY-ST-ZIP			 -	□Ch	2000	Addition	
TIFLE	DST DELETE			2.1 TITLE					ango	[] Addison	
NAME	BROGAN, MARY E.		2.2 N	AME							
STREET ADDRESS	1579 SW DYER POINT RD		2.3 \$	TREET	ADDRESS						
CITY-ST-ZIP	PALM CITY FL			TY-ST	T-ZIP	<u></u>	<u> </u>				
TITLE	D .	☐ OELÉTE		3.1 TITLE		.	<u></u>	⊠ Ch	ange	☐ Addition	
NAME	BROGAN, JAMES T., IV		3.2 N	AME	18	BROGAN, JAMES T.	11				
STREET ADDRESS	2702 SW MATHESON AVE BLDG	113 #D1	3.3 \$	TREET	ADDRESS 2	3084 S.E. CARLYON	(5r.		_		
CITY-ST-ZIP	PALM CITY FL 34990		3.4.0	aTY-S1	r-zip	Brogan, Jambs T. 3084 S.E. Carlyon 4088 Sound, Fl	3 <i>3</i> 9	<u> </u>	· 		
TITLE	D	□ DE	LETE 4,1 TI	TLE				Ch	ange	☐ Addition	
NAME	BROGAN, PATRICK T.		4.21	IAME							
STREET ADORESS	632 SW ICON AVENUE		4.3 S	TREET	ADDRESS						
CITY-ST-ZIP	PORT ST LUCIE FL 34953		4.40	ITY-ST	-ZIP				_		
TITLE		□ DE	ELETE 5.1 T					□ Ct	ange	☐ Addition	
NAME		_	5.2 N								
STREET ADDRESS			5.3 S	TREET	ADDRESS						
			540	ITY-ST	-ZIP						
TITLE			ELETE 6.1 T					☐ Ch	nange	Addition	
			62N	AMÉ				_	-	_	
NAME	1				ADDRESS						
STREET ADDRESS	() () () () () () () () () () () () () () (
CITY-ST-ZIP ()	certify that the information supplied with			TR-YT							

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 AND OPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-59

561-283-8864

Daytime Phone