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PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED

99 MAY 10 AM 10:30

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 94000050807

1. Corporation Name

Gillette Industries Group, Inc.

Principal Place of Business

277 Royal Poinciana Way Suite 192 Palm Beach, FL 33480

Mailing Address

265 Sunrise Avenue Suite 204 Palm Beach, FL 33480

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25

26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30

9. Name and Address of Current Registered Agent

Donald F. Mintmire 265 Sunrise Avenue Suite 204 Palm Beach, FL 33480

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

Donald F. Mintmire

12. OFFICERS AND DIRECTORS

1. TITLE PSTD [DELETE] 2. NAME Donald F. Mintmire 3. STREET ADDRESS 277 Royal Poinciana Way, #192 4. CITY-ST-ZIP Palm Beach, FL 33480

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE [DELETE] [ADD] 2. NAME [DELETE] [ADD] 3. STREET ADDRESS [DELETE] [ADD] 4. CITY-ST-ZIP [DELETE] [ADD] 5. NAME [DELETE] [ADD] 6. STREET ADDRESS [DELETE] [ADD] 7. CITY-ST-ZIP [DELETE] [ADD] 8. NAME [DELETE] [ADD] 9. STREET ADDRESS [DELETE] [ADD] 10. CITY-ST-ZIP [DELETE] [ADD]

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14. I hereby certify that the information supplied with this filing complies fully with the provisions of Sections 607.0502 and 607.1508, Florida Statutes. I further certify that the information indicated on this annual report or application for annual report is true and accurate, and that my separate statement, if any, is true and correct, and that I am not an officer or director of the corporation or the receiver or trustee or liquidator of the corporation. This report is required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed, or on Block 14 if changed, of this filing, and that I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1-1-99)