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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G68408** (5)

1. Corporation Name

G. MUSTAPICK ENTERPRISES, INC.



Principal Place of Business

**1041 U.S. HIGHWAY ONE
% GERALD MUSTAPICK
JUNO BEACH FL 33408**

Mailing Address

**1041 U.S. HIGHWAY ONE
% GERALD MUSTAPICK
JUNO BEACH FL 33408**

3. Date Incorporated or Qualified
11/10/1983

3a. Date of Last Report
02/24/1995

2. Principal Place of Business

2a. Mailing Address

21 **14041 U.S. Highway #1** 26 **14041 U.S. Highway #1**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite A** 27 **Suite A**

City & State

City & State

23 **Juno Beach, Fl.** 28 **Juno Beach, Fl.**

Zip

Country

Zip

Country

24 **33408** 25 **Palm Beach** 29 **33408** 30 **Palm Beach**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MUSTAPICK, GERALD
1041 US HIGHWAY ONE
JUNO BEACH FL 33408**

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE

NAME **MUSTAPICK, GERALD**
STREET ADDRESS **1041 US HIGHWAY ONE**
CITY-STATE-ZIP **JUNO BCH, FL 00000**

TITLE **DS** ☐ DELETE

NAME **MUSTAPICK, IRENE**
STREET ADDRESS **1041 US HIGHWAY ONE**
CITY-STATE-ZIP **JUNO BCH, FL 00000**

TITLE **VP** ☐ DELETE

NAME **GILES, DREW**
STREET ADDRESS **1041 US HIGHWAY ONE**
CITY-STATE-ZIP **JUNO BCH, FL 00000**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☒ Change ☐ Addition

**14041 U.S. Highway #1 Suite A
Juno Beach, Fl. 33408**

☒ Change ☐ Addition

**14041 U.S. Highway #1 Suite A
Juno Beach, Fl. 33408**

☒ Change ☐ Addition

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Juno Beach, Fl. 33408**

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Drew Giles*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/96

Date

407-626-2600

Daytime Phone #

CR2E034 (12/95)