

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

**FILED**  
**May 19 1997 8:00am**  
**Secretary of State**



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

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**

**DOCUMENT #** *G68408*  
 1. Corporation Name  
**G. MUSTAPICK ENTERPRISES, INC.**

Principal Place of Business Mailing Address  
**14041 U.S. HIGHWAY ONE JUNO BEACH, FL. 33408**      **14041 U.S. HIGHWAY ONE JUNO BEACH, FL. 33408**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 <b>14041 U.S. HIGHWAY ONE</b>		26 <b>14041 U.S. HIGHWAY ONE</b>		<b>11/10/1983</b>		<b>03/96</b>	
22 <b>SUITE A</b>		27 <b>SUITE A</b>		4. FEI Number		Applied For	
23 <b>JUNO BEACH, FLORIDA</b>		28 <b>JUNO BEACH, FLORIDA</b>		<b>11-2013845</b>		Not Applicable	
24 <b>33408</b>		29 <b>33408</b>		5. Certificate of Status Desired		<b>\$8.75 Additional Fee Required</b>	
25		30		6. Election Campaign Financing Trust Fund Contribution		<b>\$5.00 May Be Added to Fees</b>	
26		31		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**  
**MUSTAPICK, GERALD**  
**14041 U.S. HIGHWAY ONE**  
**JUNO BEACH, FLORIDA 33408**

**10. Name and Address of New Registered Agent**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MUSTAPICK, GERALD	
STREET ADDRESS	14041 U.S. HIGHWAY ONE	
CITY-ST-ZIP	JUNO BEACH, FL. 33408	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	MUSTAPICK, IRENE	
STREET ADDRESS	14041 U.S. HIGHWAY ONE	
CITY-ST-ZIP	JUNO BEACH, FLORIDA 33408	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GILES, DREW	
STREET ADDRESS	14041 U.S. HIGHWAY ONE	
CITY-ST-ZIP	JUNO BEACH, FL, 33408	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	

**200002197892**  
**-06/02/97--01079--029**  
**\*\*\*165.00**

14. I do 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 or on an attachment with an address.

SIGNATURE: *Drew Giles V. Pres*      Date: *5/12/97*      Daytime Phone #: *561-626-2600*

CR2E034 (9/96)