


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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90041 035 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G68408

1. Corporation Name
G. MUSTAPICK ENTERPRISES, INC.



Principal Place of Business 14041 U.S. HIGHWAY ONE SUITE A JUNO BEACH FL 33408	Mailing Address 14041 U.S. HIGHWAY ONE SUITE A JUNO BEACH FL 33408
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified 11/10/1983
21		26	4. FEI Number 11-2013845
Suite, Apt. #, etc.		City & State	Applied For Not Applicable
22		27	5. Certificate of Status Desired <input type="checkbox"/>
City & State		City & State	\$8.75 Additional Fee Required
23		28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
Zip	Country	Zip	\$5.00 May Be Added to Fees
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

MUSTAPICK, GERALD
 14041 U.S. HIGHWAY ONE
 SUITE A
 JUNO BEACH FL 33408

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUSTAPICK, GERALD	1.2 NAME	
STREET ADDRESS	14041 US HWY #1, STE A	1.3 STREET ADDRESS	
CITY-ST-ZIP	JUNO BCH, FL 00000	1.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUSTAPICK, IRENE	2.2 NAME	
STREET ADDRESS	14041 US HWY #1, STE A	2.3 STREET ADDRESS	
CITY-ST-ZIP	JUNO BCH, FL 00000	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILES, DREW	3.2 NAME	
STREET ADDRESS	14041 US HWY #1, STE A	3.3 STREET ADDRESS	
CITY-ST-ZIP	JUNO BCH, FL 00000	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:  **REQUIRED** Date: **4/28/99** Daytime Phone #: **(561) 676-2600**

CR2E034 (11/98)