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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K66971

(2)

FILED Apr 15 1997 8:00am Secretary of State

	OAKS, INC. Ice of Business JSTAPICK ONE	Mailing Address % GERALD MUSTAPICI 1401 US HWY ONE JUNO BEACH FL 33400			3. Date Incorporated or Qualified 38. Date of Last Report			
					02/20/1989		9/1996	neport
	Place of Business	2a. Mailing Address		// ^	4. FEI Number			Applied For
1 /404 Suite, Apt		26 909 Suite, Apt #, etc.	<i>U.S.</i>	Hwy Dr	ne 65-0110182			Not Applicable Additional
2		27			5. Certificate of Status Desired			Required
City & Sta	p + p	City & State	n	1 12/	6. Election Campaign Financing			O May Be
23 JUA	O Deach F1.	28 Juno	120ad	uhtry	Trust Fund Contribution			d to Fees
24 <i>334</i>	108 25 45	29 33408	P 30	US	8. This corporation has liability for it Florida Statutes		tax under] No	s. 199.032,
	9. Name and Address of Current		7007		10. Name and Address of New Re			
140	Stapick, Gerald 1 US Hwy One 10 Beach Fl 33408			82 Street Add 44 O	dress (P.O. Box Number)s Not Acceptable 4: 1 4 5 Huy 01	FL	85 Zi	p Code
 Pursuant 	It to the provisions of Sections 607.0502	2 and 607.1508. Florida St	tatutes the s	shows named core		urnaea af	changing	its registered.
office or agent 1. SIGNATURE	registered agent, or both, in the State of arrifamiliar with, and accept the obligations of the state of the			ed by the corporal atutes.	rporation submits this statement for the p ation's board of directors. I hereby accep uired when reinstating)	of the app	ointment a	as registered
	Signature, typed or printed name of registered agon OFFICERS AND	nt and title if applicable. DIRECTORS	(NOTE: Registere	ed Agent signature requi		DATE	DIRECTO	ORS IN 12
SIGNATURE 12. HIGE	Stynishive, type-d or printed name of registered agon OFFICERS AND	nt and title if applicable.	(NOTE: Registere 13.	ed Agent signature requi	uired when reinstating)	DATE		ORS IN 12
SIGNATURE 12. TITLE NAME	Stignature, type-d or painted name of registered agon OFFICERS AND OP MUSTAPICK, GERALD	nt and title if applicable. DIRECTORS	(NOTE: Register 13. 1.1 T	ed Agent signature requi	uired when reinstating)	DATE	DIRECTO	ORS IN 12
SIGNATURE 12. THE NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AND OP MUSTAPICK, GERALD 185 OCEAN PINES TERRACE	nt and title if applicable. DIRECTORS	(NOTE: Registers 13. 1.1 T 1.2 N 1.3 S	ed Agent signature requi	uired when reinstating)	DATE	DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME	Stignature, type-d or painted name of registered agon OFFICERS AND OP MUSTAPICK, GERALD	nt and title if applicable. DIRECTORS	(NOTE: Registers 13. 1.1 T 1.2 h 1.3 S 1.4 C	ed Agent eignature requi TITLE NAME STREET ADDRESS	uired when reinstating)	DATE	DIRECTO	ORS IN 12 e Addition
SIGNATURE 12. THE NAME STREET ADDRESS CHY-S1-ZIP	OFFICERS AND OFFICERS AND INDEXTOR OF PURISH PARTY OF THE PROPERTY OF THE PROP	nt and title if applicable. > DIRECTORS DELETE	(NOTE: Registers 13. 1.1.1 1.2.1 1.3.5 1.4.0 2.1.1	ed Agent eignature requi TITLE NAME STREET ADDRESS	uired when reinstating)	DATE	DIRECTO	ORS IN 12 e Addition
SIGNATURE 12. IIILE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME	OFFICERS AND OFFICERS AND OFFICERS AND INDEXTAPICK, GERALD 185 OCEAN PINES TERRACE JUPITER FL DST MUSTAPICK, IRENE E. 185 OCEAN PINES TERRACE	nt and title if applicable. > DIRECTORS DELETE	(NOTE Registers 13.1 1.1 1.1 1.2 1.3 5 1.4 [2.1 1.2 2.4]	OID Agent signature requi	uired when reinstating)	DATE	DIRECTO	ORS IN 12 e Addition
SIGNATURE 12. THE NAME STREET ADDRESS CHY-S1-ZIP THE	OFFICERS AND OFFICERS AND OFFICERS AND IN OFFICERS AND OF	N and the if applicable. DIRECTORS DELETE	(NOTE Registers 1.17 1.21 1.35 1.40 2.11 2.24 2.35 2.44	OUT Agent signature requi	uired when reinstating)	DATE	OIRECTO Change	ORS IN 12 a Addition a Addition
SIGNATURE 12. THE NAME STREET ADDRESS CITY-S1-ZIP THE NAME STREET ADDRESS CHY-S1-ZIP THE	OFFICERS AND OFFICERS AND OFFICERS AND INDEXTAPICK, GERALD 185 OCEAN PINES TERRACE JUPITER FL DST MUSTAPICK, IRENE E. 185 OCEAN PINES TERRACE	nt and title if applicable. > DIRECTORS DELETE	(NOTE Registers 13. 1.17 1.2N 1.35 1.40 2.11 2.2N 2.35 2.44 3.11	ITILE IAME STREET ADDRESS IITLE IAME STREET ADDRESS ITLE IAME STREET ADDRESS CITY-ST-ZIP ITLE	uired when reinstating)	DATE	DIRECTO	ORS IN 12 a Addition a Addition
SIGNATURE 12. THE NAME STREET ADDRESS CITY: \$1-ZIP THE NAME STREET ADDRESS CITY: \$1-ZIP THE NAME	OFFICERS AND OFFICERS AND OFFICERS AND INCOME. OP MUSTAPICK, GERALD 185 OCEAN PINES TERRACE JUPITER FL DST MUSTAPICK, IRENE E. 185 OCEAN PINES TERRACE JUPITER FL JUPITER FL	N and the if applicable. DIRECTORS DELETE	(NOTE Registers 13. 1.17 1.24 1.35 1.4(2.11 2.24 2.35 2.44 3.11 3.24	ITLE IAME STREET ADDRESS CITY-ST-ZIP ITLE IAME STREET ADDRESS CITY-ST-ZIP ITLE IAME ITREET ADDRESS CITY-ST-ZIP	uired when reinstating)	DATE	OIRECTO Change	ORS IN 12 a Addition a Addition
SIGNATURE 12. 11ILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	OFFICERS AND OFFICERS AND OFFICERS AND INCOME. OP MUSTAPICK, GERALD 185 OCEAN PINES TERRACE JUPITER FL DST MUSTAPICK, IRENE E. 185 OCEAN PINES TERRACE JUPITER FL JUPITER FL	N and the if applicable. DIRECTORS DELETE	(NOTE Registers 13. 1.17 1.24 1.35 1.46 2.11 2.24 2.35 2.41 3.11 3.24 3.35	ITILE ITILE IAME STREET ADDRESS CITY-ST-ZIP ITILE IAME STREET ADDRESS CITY-ST-ZIP ITILE IAME STREET ADDRESS CITY-ST-ZIP ITILE IAME STREET ADDRESS	uired when reinstating)	DATE	OIRECTO Change	ORS IN 12 a Addition a Addition
SIGNATURE 12. 11ILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND OFFICERS AND OFFICERS AND INCOME. OP MUSTAPICK, GERALD 185 OCEAN PINES TERRACE JUPITER FL DST MUSTAPICK, IRENE E. 185 OCEAN PINES TERRACE JUPITER FL JUPITER FL	DIRECTORS DELETE DELETE	(NOTE Registers 13. 1.17 1.2N 1.35 1.4(2.11 2.2N 2.35 2.4(3.11 3.2N 3.35 3.4.	ITLE IAME STREET ADDRESS CITY-ST-ZIP ITLE IAME STREET ADDRESS CITY-ST-ZIP ITLE IAME STREET ADDRESS CITY-ST-ZIP ITLE IAME STREET ADDRESS CITY-ST-ZIP	uired when reinstating)	DATE	O DIRECTO Change	ORS IN 12 a Addition a Addition Addition
SIGNATURE 12. THE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP THE THE THE THE THE THE THE THE	OFFICERS AND OFFICERS AND OFFICERS AND INCOME. OP MUSTAPICK, GERALD 185 OCEAN PINES TERRACE JUPITER FL DST MUSTAPICK, IRENE E. 185 OCEAN PINES TERRACE JUPITER FL JUPITER FL	N and the if applicable. DIRECTORS DELETE	(NOTE Registers 13.1 1.17 1.24 1.35 1.4(2.11 2.24 2.35 2.4(3.17 3.24) 3.35 3.4(4.17	ITILE ITILE IAME STREET ADDRESS CITY-ST-ZIP ITILE IAME STREET ADDRESS CITY-ST-ZIP ITILE IAME STREET ADDRESS CITY-ST-ZIP ITILE IAME ITILE IAME ITILE IAME ITILE IAME ITILE IAME ITILE ITILE ITILE ITILE ITILE ITILE	uired when reinstating)	DATE	OIRECTO Change	ORS IN 12 a Addition a Addition Addition
SIGNATURE 12. TIBLE NAME STREET ADDRESS CITY-ST-ZIP TIBLE NAME STREET ADDRESS CITY-ST-ZIP TIBLE NAME STREET ADDRESS CITY-ST-ZIP TIBLE NAME NAME NAME	OFFICERS AND OFFICERS AND OFFICERS AND INSTAPICK, GERALD 185 OCEAN PINES TERRACE JUPITER FL DST MUSTAPICK, IRENE E. 185 OCEAN PINES TERRACE JUPITER FL	DIRECTORS DELETE DELETE	(NOTE Registers 13.1 1.17 1.24 1.35 1.4(2.11 2.24 2.35 2.4(3.11 3.24 3.35 3.4. 4.17 4.2	ITLE ITLE IAME STREET ADDRESS CITY-ST-ZIP ITLE IAME STREET ADDRESS CITY-ST-ZIP ITLE IAME ITLE IT	uired when reinstating)	DATE	O DIRECTO Change	ORS IN 12 a Addition a Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	OFFICERS AND OFFICERS AND OFFICERS AND INSTAPICK, GERALD 185 OCEAN PINES TERRACE JUPITER FL DST MUSTAPICK, IRENE E. 185 OCEAN PINES TERRACE JUPITER FL	DIRECTORS DELETE DELETE	(NOTE Registers 13.1 1.17 1.24 1.35 1.4(2.11 2.24 2.35 2.4(3.11 3.24 3.35 3.4. 4.17 4.22 4.38	ITLE ITLE IAME STREET ADDRESS CITY-ST-ZIP ITLE IAME STREET ADDRESS CITY-ST-ZIP ITLE IAME STREET ADDRESS CITY-ST-ZIP ITLE IAME IAM	uired when reinstating)	DATE	O DIRECTO Change	ORS IN 12 Addition Addition
SIGNATURE 12. TIBLE NAME STREET ADDRESS CITY-ST-ZIP TIBLE NAME STREET ADDRESS CITY-ST-ZIP TIBLE NAME STREET ADDRESS CITY-ST-ZIP TIBLE NAME NAME NAME	OFFICERS AND OFFICERS AND OFFICERS AND INSTAPICK, GERALD 185 OCEAN PINES TERRACE JUPITER FL DST MUSTAPICK, IRENE E. 185 OCEAN PINES TERRACE JUPITER FL	DIRECTORS DELETE DELETE	(NOTE Registers 13.1 1.17 1.24 1.35 1.4(2.11 2.24 2.35 2.4(3.17 3.21 3.35 3.4. 4.17 4.2 4.35 4.4(4.40	ITLE ITLE IAME STREET ADDRESS CITY-ST-ZIP ITTLE IAME STREET ADDRESS CITY-ST-ZIP ITTLE IAME ITTLE IAME STREET ADDRESS CITY-ST-ZIP ITTLE IAME I	uired when reinstating)	DATE	O DIRECTO Change	ORS IN 12 a Addition b Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND OFFICERS AND OFFICERS AND INSTAPICK, GERALD 185 OCEAN PINES TERRACE JUPITER FL DST MUSTAPICK, IRENE E. 185 OCEAN PINES TERRACE JUPITER FL	DELETE	(NOTE: Registers 13.1 1.17 1.24 1.35 1.4(2.11 2.24 2.35 2.4(3.11 3.24 3.35 3.4. 4.13 4.2(4.35 4.4(5.11)	ITLE ITLE IAME STREET ADDRESS CITY-ST-ZIP ITTLE IAME STREET ADDRESS CITY-ST-ZIP ITTLE IAME ITTLE IAME STREET ADDRESS CITY-ST-ZIP ITTLE IAME I	uired when reinstating)	DATE	DIRECTO Change Change	ORS IN 12 a Addition b Addition Addition
SIGNATURE 12. THE NAME STREET ADDRESS CITY-ST-ZIP THE	OFFICERS AND OFFICERS AND OFFICERS AND ISSOCIAN PINES TERRACE JUPITER FL DST MUSTAPICK, IRENE E. 185 OCEAN PINES TERRACE JUPITER FL	DELETE	(NOTE Registers 13.1 1.1 1.2 1.2 1.2 1.2 1.2 1.2 1.2 1.2 1	ITLE ITLE IAME STREET ADDRESS CITY-ST-ZIP ITLE NAME STREET ADDRESS CITY-ST-ZIP ITLE	uired when reinstating)	DATE	DIRECTO Change Change	ORS IN 12 a Addition b Addition Addition
SIGNATURE 12. THE NAME STREET ADDRESS CITY-ST-ZIP THE NAME	OFFICERS AND OFFICERS AND OFFICERS AND ISSOCIAN PINES TERRACE JUPITER FL DST MUSTAPICK, IRENE E. 185 OCEAN PINES TERRACE JUPITER FL	DELETE	(NOTE: Registers 13.1 1.1 1.1 1.2 1.2 1.3 5.1.4 (2.1 1.3 5.2 1.4 (2.1 1.3 1.4 1.3 1.4 1.4 1.4 1.4 1.4 1.5 1.4 1.5 1.1 5.2 1.5 3.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1	ITLE ITLE IAME STREET ADDRESS CITY-ST-ZIP ITLE IAME ITLE IAME ITLE IAME	uired when reinstating)	DATE	DIRECTO Change Change	ORS IN 12 a Addition b Addition c Addition c Addition
SIGNATURE 12. THE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS	OFFICERS AND OFFICERS AND OFFICERS AND ISSOCIAN PINES TERRACE JUPITER FL DST MUSTAPICK, IRENE E. 185 OCEAN PINES TERRACE JUPITER FL	DELETE	(NOTE Registers 13.1 1.17 1.24 1.35 1.4(2.11 2.24 2.35 2.4(3.17 3.24 3.35 3.4. 4.17 4.2(4.38 4.4(5.11 5.24 5.35	ITLE ITLE IAME STREET ADDRESS CITY-ST-ZIP	uired when reinstating)	DATE	DIRECTO Change Change	ORS IN 12 a Addition b Addition c Addition c Addition
SIGNATURE 12. THE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND OFFICERS AND OFFICERS AND ISSOCIAN PINES TERRACE JUPITER FL DST MUSTAPICK, IRENE E. 185 OCEAN PINES TERRACE JUPITER FL	DELETE DELETE DELETE DELETE	(NOTE: Registers 13. 1.17 1.28 1.35 1.40 2.11 2.24 2.35 2.44 3.11 3.24 3.35 3.4. 4.17 4.2 4.35 4.40 5.11 5.24 5.35 5.40 6.11	ITLE ITLE IAME STREET ADDRESS CITY-ST-ZIP	uired when reinstating)	DATE	Change Change Change	ORS IN 12 a Addition b Addition c Addition c Addition
SIGNATURE 12. THE NAME STREET ADDRESS CITY-ST-7IP THE	OFFICERS AND OFFICERS AND OFFICERS AND INSTAPICK, GERALD 185 OCEAN PINES TERRACE JUPITER FL DST MUSTAPICK, IRENE E. 185 OCEAN PINES TERRACE JUPITER FL	DELETE DELETE DELETE DELETE	(NOTE Registers 13.1 1.1 1.2 1.2 1.3 5.1 1.4 (1.2 1.4 1.3 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4	ITLE ITLE IAME STREET ADDRESS CITY-ST-ZIP ITLE	uired when reinstating)	DATE	Change Change Change	ORS IN 12 a Addition b Addition c Addition c Addition

name of the control of the supplied with this shift of the supplied with this shift of the supplied with the supplied with the supplied with the supplied 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 Signature shall be an address.

SIGNATURE