

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

FILED
Sep 22, 1999 8:00 am
Secretary of State

09-22-1999 90013 014 ***558.75

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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 # P95000047301

1. Corporation Name
GASTAL ENTERPRISES INC



Principal Place of Business 4810 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH FL 33411 12499 ORANGE BLVD. WEST PALM BEACH, FL 33412	Mailing Address 4810 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH FL 33411 12499 ORANGE BLVD. WEST PALM BEACH, FL. 33412
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/15/1995	4. FEI Number 65-0591685	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business 21 12499 ORANGE BLVD Suite, Apt. #, etc.	2a. Mailing Address 26 12499 ORANGE BLVD Suite, Apt. #, etc.
22 City & State WEST PALM BEACH, FL	27 City & State WEST PALM BEACH, FL
23 Zip 33412	28 Zip 33412
24 Country U.S.A.	30 Country U.S.A.

9. Name and Address of Current Registered Agent TRIPP, STEVEN 4810 ROYAL PALM BEACH BLVD ROYAL PALM BEACH FL 33411	10. Name and Address of New Registered Agent 81 Name ALISTAIR GREEN 82 Street Address (P.O. Box Number is Not Acceptable) 2361 SHORE DRIVE 83 84 City PALM BEACH GARDENS FL 85 Zip Code 33410
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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]* DATE **9/14/99**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PDT	<input checked="" type="checkbox"/> DELETE
NAME	TRIPP, STEVEN	
STREET ADDRESS	4810 ROYAL PALM BCH BLVD	
CITY-ST-ZIP	ROYAL PALM BCH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CHASE, JEAN A	
STREET ADDRESS	13257 TANGERINE BLVD	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	MACLEOD, JANET	
STREET ADDRESS	4810 ROYAL PALM BEACH BLVD.	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
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	PDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ALISTAIR GREEN	
1.3 STREET ADDRESS	2361 SHORE DRIVE	
1.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL. 33410	
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		

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: *[Signature]* **SIGNATURE REQUIRED** DATE **9/14/99** (561) 985-5277 DAYTIME PHONE #

CR2E034 (11/98)