


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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90231 045 ***150.00

USA 10/1

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000000437

1. Corporation Name
GASCARD, INC.

Principal Place of Business 3000 - 34TH STREET METAIRIE LA 70001	Mailing Address 3000 - 34TH STREET METAIRIE LA 70001
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <i>109 Northpark Blvd</i>	26 <i>109 Northpark Blvd</i>			01/28/1994	
Suite, Apt. #, etc. 22 <i>Suite 500</i>		Suite, Apt. #, etc. 27 <i>Suite 500</i>		4. FEI Number 33-0216400	
City & State 23 <i>Coungton La.</i>		City & State 28 <i>Coungton La.</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 <i>70433</i>	Country 25 <i>US</i>	Zip 29 <i>70433</i>	Country 30 <i>US</i>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYER, GEORGE	1.2 NAME	
STREET ADDRESS	871 CONRAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW ORLEANS LA 70124	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUZYNSKI, LOUIS	2.2 NAME	
STREET ADDRESS	80306 QUAIL HOLLOW LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BUSH LA 70471	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REILY, WM. BOATNER III	3.2 NAME	
STREET ADDRESS	2221 PRYTANIA STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW ORLEANS LA 70135	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCULLUM, KINGSLEY A	4.2 NAME	
STREET ADDRESS	105 W. RUELLE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MANDEVILLE LA 70471-1750	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<i>Secretary</i>
STREET ADDRESS		5.3 STREET ADDRESS	<i>110 Chacahoula Ln.</i>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<i>Mandeville, La 70124</i>
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: *[Signature]* **FILED** 2/26/99 (504) 835-7171
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)