

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P94000038250 (4)**

1. Corporation Name

**GASAL, INC.**



Principal Place of Business

**173 LINCOLN AVENUE  
FAIR LAWN NJ 07410**

Mailing Address

**173 LINCOLN AVENUE  
FAIR LAWN NJ 07410**

2. Principal Place of Business

**21 45 Lynack Road**

Suite, Apt. #, etc

**22**

City & State

**23 Hawthorne, NJ**

Zip

**24 07506**

Country

2a. Mailing Address

**26 1400 W. Fairbanks Ave.**

Suite, Apt. #, etc

**27**

**Suite 102**

City & State

**28 Winter Park, FL**

Zip

**29 32789**

Country

**30 Orange**

3. Date Incorporated or Qualified

**05/20/1994**

3a. Date of Last Report

**04/28/1995**

4. FEI Number

**59-3244831**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**GOFF, BARRY L  
215 NORTH EOLA DRIVE  
ORLANDO FL 32801**

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

Signature, typed or printed name of registered agent and title, if applicable

(If "I" is Registered Agent, signature required when filing change)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**NAME PST  
SHANE, BARBARA  
STREET ADDRESS 417 ADAMS, APT. 4R  
CITY-ST-ZIP HOBOKEN NJ**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

**1.1 TITLE  
1.2 NAME Schwaner, Barbara (Shane)  
1.3 STREET ADDRESS 45 Lynack Road  
1.4 CITY-ST-ZIP Hawthorne, NJ 07506**

☐ Change ☐ Addition

**2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**7.1 TITLE  
7.2 NAME  
7.3 STREET ADDRESS  
7.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**8.1 TITLE  
8.2 NAME  
8.3 STREET ADDRESS  
8.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**9.1 TITLE  
9.2 NAME  
9.3 STREET ADDRESS  
9.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**10.1 TITLE  
10.2 NAME  
10.3 STREET ADDRESS  
10.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**11.1 TITLE  
11.2 NAME  
11.3 STREET ADDRESS  
11.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**12.1 TITLE  
12.2 NAME  
12.3 STREET ADDRESS  
12.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**13.1 TITLE  
13.2 NAME  
13.3 STREET ADDRESS  
13.4 CITY-ST-ZIP**

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, unchanged, or as an addendum with an address.

SIGNATURE:

*Barbara S. Schwaner*  
Barbara S. Schwaner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96

201-804 8787

Date

Daytime Phone

CR2E034 (12/95)