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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # \$34311

1. Corporation Name

GASCAR ENTERPRISES INC.

							[ [ [ ] ] ] ] ] ] ] ] ] ] ] ] ] ] ] ] ]			
Principal Place of Business Mailing Address										
1950 TALLRIDGE RD. 1950 TALLRIDGE RD.										
MELBOURNE FL	. 32935	MELBOURNE FL 32935				DO NOT WRITE IN THIS SPACE				
							Date Incorporated or Qualifed			
							02/27/1991		(	
6 D ( ) 1 D		2a Mailing Address					FEI Number	Π_	pplied For	
— ·	ace of Business	2a. Mailing Address	¬ · ·						ot Applicable	
21		26 Suite Ant 4 ata	Suite, Apt. #, etc.				59-3059767	<del></del>	Additional	
Suite, Apt. #, etc.		The state of the s			-	5.	Certificate of Status Desired		Required	
City & State		City & State				-	Election Campaign Financing		May Be	
City & State		28				0.	Trust Fund Contribution		to Fees	
Zip Country		Zip Country					This corporation owes the current year Inta		10.000	
	25	29 30	_	,		٥.	Personal Property Tax.	Yes	□No	
24	9. Name and Address of Current	<u> </u>	<del>'</del>	_		10.	Name and Address of New Registered	gent		
-	5. Hallo allo Hadroo 5. 5		81	1	Name					
APEL	.ADO, GENE G.					<del></del>	O. B. M. Losia Not Associable)			
	TALLRIDGE RD.		82			Address (P.O. Box Number is Not Acceptable)				
	BOURNE FL 32935	•	83	3						
				1			· · · · · · · · · · · · · · · · · · ·	<del></del>		
	30 2 2 2 2		84		City		FL	1	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										
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.										
Commenda Dock News									į	
					signature required v					
12.	OFFICERS AND		13.	_			ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	Р	☐ DELETE	1.1 TITLE					☐ Change	Addition	
NAME	APELADO, GENE		1.2 NAME					•		
STREET ADDRESS	1950 TALLRIDGE RD		1.3 STREE	ET A	ADDRESS					
CITY-ST-ZIP	MELBOURNE FL 1.4 CT		1.4 CITY-	ST-	ZIP					
TITLE	V	☐ DELETE	2.1 TITLE		1			☐ Change	Addition	
NAME	APELADO, CLARITA		2.2 NAME						ļ	
STREET ADDRESS	1950 TALLRIDGE RD		2.3 STREE	ETA	NODRESS				1	
CITY-ST-ZIP ~			2.4 CITY-	. 4 CITY-ST-ZĪP			· · · · · · · · · · · · · · · · · · ·			
TITLE		☐ DELETE	3.1 TITLE				-	☐ Change	Addition	
NAME			3.2 NAME							
STREET ADDRESS			3.3 STREE	ET A	ADDRESS					
CITY-ST-ZIP			3.4. CITY-	-ST-	.ZIP					
TITLE		☐ DELETE	4.1 TITLE	_				☐ Change	Addition	
NAME			4. 2 NAME	E						
STREET ADDRESS			4.3 STREE	ETA	ADDRESS		·			
CITY-ST-ZIP	τ.		4,4 CITY-	ST-	ZIP .	٠.				
TITLE		☐ DELETE	5.1 TITLE				···	Change	Addition	
NAME	•		5.2 NAME	:	1		•		ł	
STREET ADDRESS		•	5.3 STRE	ET'A	ADDRESS		•			
CITY-ST-ZIP			5.4 CITY-	ST-	ZIP					
TITLE		☐ DELETE	6.1 TITLE		-			Change	Addition	
. 1	1		6.2 NAME					•	}	
NAME STREET ADDRESS	l		6.3 STRE		ADDRESS				ļ	
STREET ADDRESS		6.4 CITY-ST-ZIP								
CITY-ST-ZIP			■ ··· · · · · · ·	-,-,	- 1					

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.

CITY-ST-ZIP

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

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