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95 MAY -1 PM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G71927 (9)

1. Corporation Name
GESTAR, INC.

Principal Place of Business % RICHARD D. SABA 1390 MAIN ST SUITE #824 SARASOTA FL 34236-5687	Mailing Address % RICHARD D. SABA 1390 MAIN ST SUITE #824 SARASOTA FL 34236-5687
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2. Principal Place of Business 21 2033 Main Street Suite, Apt. #, etc. 22 Suite 303 City & State 23 Sarasota, FL Zip 24 34237	2b. Mailing Address 26 2033 Main Street Suite, Apt. #, etc. 27 Suite 303 City & State 28 Sarasota, FL Zip 29 34237
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3. Date Incorporated or Qualified 11/30/1983	3a. Date of Last Report 05/23/1994
4. FEI Number 52-1363833	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 has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SABA, RICHARD D.
1390 MAIN ST.
#824
SARASOTA FL 34236**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	2033 Main Street
83	Suite 303
84 City	Sarasota
85 Zip Code	FL 34237

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 officer 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

TITLE	PD
NAME	ARCHAMBAULT, MAURICE E.
STREET ADDRESS	379 AVENUE ELM
CITY-ST-ZIP	WESTMOUNT-QUEBEC, CAN
TITLE	STD
NAME	LEVESQUE, ANDRE ME
STREET ADDRESS	1 PL VILLE MARIE #1901
CITY-ST-ZIP	MONTREAL, QUEBEC, CAN
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	#32-124
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	H3B 2C3
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DC
3.3 STREET ADDRESS	PARIS, J. MICHEL
3.4 CITY-ST-ZIP	795 MAIR, UNIT 801 ST-LAURENT, QUEBEC, CAN. H4L 5H8
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 if changed, or on an attachment with an address.

SIGNATURE: M. E. Archambault APRIL 25, 1995 514933-0212
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Optional Fee #)
M. E. ARCHAMBAULT