

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000005623 (3)

1. Corporation Name
BERTEK, INC.



Principal Place of Business: **110 LAKE STREET ST. ALBANS VT 05478**
Mailing Address: **110 LAKE STREET ST. ALBANS VT 05478**

3. Date Incorporated or Qualified: **10/28/1994**
3a. Date of Last Report: **06/22/1995**
4. FEI Number: **03-0336833**
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

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **27**
Zip: **23** Country: **25**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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 type for profit corporation registered agent and the applicable (NOTE: Registered Agent signature required when changing title)

(NOTE: Registered Agent signature required when changing title)

(N/A)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KRIVULKA, JOSEPH J	
STREET ADDRESS	110 LAKE STREET	
CITY-ST-ZIP	ST. ALBANS VT 05478	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PUSKAR, MILAN	
STREET ADDRESS	781 CHESTNUT RIDGE ROAD	
CITY-ST-ZIP	MORGANTOWN WV 26505	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DEGEORGE, FRANK	
STREET ADDRESS	781 CHESTNUT RIDGE ROAD	
CITY-ST-ZIP	MORGANTOWN WV 26505	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FUSCO, ANDREW G	
STREET ADDRESS	2400 CRANBERRY SQUARE	
CITY-ST-ZIP	MORGANTOWN WV 26505-9209	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TODD, C B	
STREET ADDRESS	781 CHESTNUT RIDGE ROAD	
CITY-ST-ZIP	MORGANTOWN WV 26505	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Joseph J. Krivulka
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-8-96 (802) 527-7792

CR2E034 (3/96)