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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **840815** (5)
1. Corporation Name
BERCAT SUPPLIES INC.

Principal Place of Business Mailing Address
7623 S W 129TH PLACE MIAMI FL 33183 **7623 S W 129TH PLACE MIAMI FL 33183**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc 26 Suite, Apt #, etc
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/09/1978** 3a. Date of Last Report **04/14/1994**

4. FEI Number **59-1828847** 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

7. This corporation has liability for intangible tax under § 100.032 Florida Statutes Yes No **PAID**

9. Name and Address of Current Registered Agent
**DYER, NORMA
7623 S.W. 129TH PLACE
MIAMI FL 33183**

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 _____ DATE _____
(Signature typed in printed name of registered agent and the filer/agent) (Registered Agent signature required when beneficial) (Date)

12. OFFICERS AND DIRECTORS

11 TITLE	D
12 NAME	ANDERSON, ROBERT
13 STREET ADDRESS	HWY 14 SO BX 798
14 CITY ST ZIP	MARSHALLTOWN, IOWA 00000
21 TITLE	VD
22 NAME	FLETCHER, DAVID W.
23 STREET ADDRESS	BOX 553, MONTEGO BAY 2
24 CITY ST ZIP	JAMAICA WE
31 TITLE	D
32 NAME	BURNS, JERRY
33 STREET ADDRESS	6911 ROSEMARY LANE
34 CITY ST ZIP	EDEN PRARIE, MINN 00000
41 TITLE	PD
42 NAME	DYER, PERCIVAL S
43 STREET ADDRESS	7623 S W 129 TH PLACE
44 CITY ST ZIP	MIAMI, FL 00000
51 TITLE	D
52 NAME	FLETCHER, ALICE
53 STREET ADDRESS	BOX 553, MONTEGO BAY 2
54 CITY ST ZIP	JAMAICA WE
61 TITLE	SD
62 NAME	DYER, NORMA
63 STREET ADDRESS	7623 S W 129TH PLACE
64 CITY ST ZIP	MIAMI, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	DONALD DYER	
13 STREET ADDRESS	14481 S.W. 111th Terrace	
14 CITY ST ZIP	Miami, FL. 33186	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that it is true and accurate for the exemption stated in Section 119.07(3)(g), 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: *Norma Dyer* **NORMA DYER - D/S** Apr. 24th, 1995 (305) 386-2981
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR