

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

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90144 029 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 840815**

1. Corporation Name  
**BERCAT SUPPLIES INC.**

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

Mailing Address  
 7623 S W 129TH PLACE  
 MIAMI FL 33183

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified <b>06/09/1978</b>	Applied For Not Applicable
4. FEI Number <b>59-1828847</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	29
25	30

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	<b>FL</b>
	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DYER, DONALD</b>	
STREET ADDRESS	<b>14481 S.W. 111TH TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>FLETCHER, DAVID W.</b>	
STREET ADDRESS	<b>BOX 553, MONTEGO BAY 2</b>	
CITY-ST-ZIP	<b>JAMAICA WE</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BURNS, JERRY</b>	
STREET ADDRESS	<b>6911 ROSEMARY LANE</b>	
CITY-ST-ZIP	<b>EDEN PRARIE, MINN 00000</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>DYER, PERCIVAL S</b>	
STREET ADDRESS	<b>7623 S W 129 TH PLACE</b>	
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FLETCHER, ALICE</b>	
STREET ADDRESS	<b>BOX 553, MONTEGO BAY 2</b>	
CITY-ST-ZIP	<b>JAMAICA WE</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>DYER, NORMA</b>	
STREET ADDRESS	<b>7623 S W 129TH PLACE</b>	
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>ANDERSON, ROBERT</b>
1.3 STREET ADDRESS	<b>HIGHWAY 14 SO. BOX 798</b>
1.4 CITY-ST-ZIP	<b>MARSHALLTOWN IOWA</b>
2.1 TITLE <input type="checkbox"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: SIGNATURE REQUIRED **Norma Dyer** April 19th, 1999 386-2981  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Secretary** Date Daytime Phone #

CR2E034 (11/98)

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