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 # P9600077001

BEARER ENTERPRISES, INC.

Principal Place of Business Mailing Address					T 1881/201 \$10 101/8 SILEY OBSIS OBSIS OBSIS OBSIS (BOST 100) BOSIS OBSIS OBSIS
•	PARK BOULEVARD	8619 REGENCY PARK BOULEVARD			
PORT RICHEY FL 34668		PORT RICHEY FL 34669			DO NOT WRITE IN THIS SPACE
					Date Incorporated or Qualified
					09/16/1996
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For
21	26			59-3399919 Not Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	Apt. #, etc.		\$8.75 Additional
27					5. Certifcate of Status Desired Fee Required
City & State	City & State			6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country		This corporation owes the current year Intangible
24	25	29 30	0		Personal Property Tax. Yes No
	9. Name and Address of Current	t Registered Agent	81	Name	10. Name and Address of New Registered Agent
REAL	RER, RONALD E		*'	Name	
8619 REGENCY PARK BOULEVARD			82	82 Street Address (P.O. Box Number is Not Acceptable)	
PORT RICHEY FL 34668			83		
1011	, , , , , , , , , , , , , , , , , , , ,		103		
l			84	City	FI 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					.
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, typed or printed name of registered agent	t and title if applicable. (NOTE Re-	gistered Agen	t signature re	equired when reinstating) DATE
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	Bearer, Ronald e		1.2 NAME		
STREET ADDRESS	750 CALLAN COURT 138		1.3 STREET	ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654		1,4 CITY-ST	- ZIP	
TITLE	STD	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	Derther, 9001 m		2.2 NAME		7750 Callan Court
STREET ADDRESS	6152 CLAIRE DELUNE DRIVE		2.3 STREET		7750 Callan Coars
CITY-ST-ZIP			2. 4 CITY-S	T-ZIP	New Port Richer FL 34654 Michael Addition
THILE	-D	DELETE	3.1 TITLE		
NAME	JAMESON, BRYAN K		3.2 NAME		6152 Claire DeLune Drive
STREET ADDRESS			3.3 STREET		New POT Richey FL 34655
CITY-ST-ZIP			3.4. CITY-S	T-ZìP	New Tarl Nieney FF 37033
TITLE	<u> </u>		4.1 TITLE 4. 2 NAME		a situago () redution (
NAME	Crancoott, in the C		4.2 NAME 4.3 STREET	ADDDECC	5141 Haltata Court
STREET ADDRESS	9 0 1 1 1 1 0 2 1 1 1 1 1 1 1 1 1 1 1 1 1				New Port Richey F1 34655
CITY-ST-ZIP TITLE			4.4 CITY-ST	- 411	Change Addition
NAME		المادين المادين	5.2 NAME		
STREET ADDRESS			5.3 STREET	ADDRESS	

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 charged, or on an attachment with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE: 1

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Addition

CR2E034 (11/98)

FILED May 08, 1999 8:00 am Secretary of State

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