

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H84690** (7)

1. Corporation Name
OREVERO CORPORATION



Principal Place of Business: **POST OFFICE BOX 1266 LORTON VA 22199-8266**
Mailing Address: **POST OFFICE BOX 1266 LORTON VA 22199-8266**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/07/1985	3a. Date of Last Report 01/23/1995
21. State, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number 59-2593365	Applied For Not Applicable
25. Country	26. State, Apt. #, etc.	27. City & State	28. Zip	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
29. Country	30. State, Apt. #, etc.	31. City & State	32. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
OFFUTT, HARRY C., III 3003 CARDINAL DRIVE SUITE C VERO BEACH FL 32963				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83. City	
				84. State	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: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PERKINS, RUTH S.		1.1 NAME		
STREET ADDRESS	7913 RICHFIELD ROAD		1.2 STREET ADDRESS		
CITY, ST, ZIP	SPRINGFIELD VA		1.3 CITY, ST, ZIP		
TITLE	DT	<input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PERKINS, GEORGE W.		2.1 NAME		
STREET ADDRESS	7913 RICHFIELD ROAD		2.2 STREET ADDRESS		
CITY, ST, ZIP	SPRINGFIELD VA		2.3 CITY, ST, ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHERMAN, ROBERT		3.1 NAME		
STREET ADDRESS	19 MELODY LN		3.2 STREET ADDRESS		
CITY, ST, ZIP	PELHAM NH		3.3 CITY, ST, ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHERMAN, BARBARA		4.1 NAME		
STREET ADDRESS	19 MELODY LN		4.2 STREET ADDRESS		
CITY, ST, ZIP	PELHAM NH		4.3 CITY, ST, ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHERMAN, ROGER		5.1 NAME		
STREET ADDRESS	19 GRAND AVENUE		5.2 STREET ADDRESS		
CITY, ST, ZIP	NORTHPORT NY		5.3 CITY, ST, ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHERMAN, MELINDA		6.1 NAME		
STREET ADDRESS	19 GRAND AVENUE		6.2 STREET ADDRESS		
CITY, ST, ZIP	NORTHPORT NY		6.3 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **ROBERT W. SHERMAN** 1/21/96 703-406-5419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)