

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

**FILED**  
**Mar 21 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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 22199-1266**

3. Date Incorporated or Qualified: **11/07/1985**  
 3a. Date of Last Report: **01/26/1996**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22. Subd. Apt. #, etc.	26. Subd. Apt. #, etc.	<b>59-2593365</b>	Not Applicable
23. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
25. Country	29. Country	30. Country	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
<b>OFFUTT, HARRY C., III 3003 CARDINAL DRIVE SUITE C VERO BEACH FL 32963</b>	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>DP</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>PERKINS, RUTH S.</b>		1.2 NAME	
STREET ADDRESS: <b>7913 RICHFIELD ROAD</b>		1.3 STREET ADDRESS	
CITY- ST- ZIP: <b>SPRINGFIELD VA</b>		1.4 CITY- ST- ZIP	
TITLE: <b>DT</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>PERKINS, GEORGE W.</b>		2.2 NAME	
STREET ADDRESS: <b>7913 RICHFIELD ROAD</b>		2.3 STREET ADDRESS	
CITY- ST- ZIP: <b>SPRINGFIELD VA</b>		2.4 CITY- ST- ZIP	
TITLE: <b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>SHERMAN, ROBERT</b>		3.2 NAME	
STREET ADDRESS: <b>19 MELODY LN</b>		3.3 STREET ADDRESS	
CITY- ST- ZIP: <b>PELHAM NH</b>		3.4 CITY- ST- ZIP	
TITLE: <b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>SHERMAN, BARBARA</b>		4.2 NAME	
STREET ADDRESS: <b>19 MELODY LN</b>		4.3 STREET ADDRESS	
CITY- ST- ZIP: <b>PELHAM NH</b>		4.4 CITY- ST- ZIP	
TITLE: <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>SHERMAN, ROGER</b>		5.2 NAME	
STREET ADDRESS: <b>19 GRAND AVENUE</b>		5.3 STREET ADDRESS	
CITY- ST- ZIP: <b>NORTHPORT NY</b>		5.4 CITY- ST- ZIP	
TITLE: <b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>SHERMAN, MELINDA</b>		6.2 NAME	
STREET ADDRESS: <b>19 GRAND AVENUE</b>		6.3 STREET ADDRESS	
CITY- ST- ZIP: <b>NORTHPORT NY</b>		6.4 CITY- ST- ZIP	

14. I do 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.

SIGNATURE: **George W Perkins** Date: **7/16/97** Daytime Phone: **703-406-5459**

CR2E034 (9/96)