

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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90161 030 ***150.00



PROFIT CORPORATION
 ANNUAL REPORT
1999

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

DOCUMENT # H84690

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/07/1985

4. FEI Number
59-2593365

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 **POST OFFICE BOX 220**
 Suite, Apt. #, etc.

22 **FINKSBURG, MD**

23 **21048** Country

24 **21048** 25

2a. Mailing Address
 26 **POST OFFICE BOX 220**
 Suite, Apt. #, etc.

27 **FINKSBURG, MD**

28 **21048** Country

29 **21048** 30

9. Name and Address of Current Registered Agent

OFFUTT, HARRY C., III
3003 CARDINAL DRIVE
SUITE C
VERO BEACH FL 32963

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 _____ (NOT: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	PERKINS, RUTH S.	
STREET ADDRESS	7913 RICHFIELD ROAD	
CITY-ST-ZIP	SPRINGFIELD VA	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	PERKINS, GEORGE W.	
STREET ADDRESS	7913 RICHFIELD ROAD	
CITY-ST-ZIP	SPRINGFIELD VA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHERMAN, ROBERT	
STREET ADDRESS	19 MELODY LN	
CITY-ST-ZIP	PELHAM NH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHERMAN, BARBARA	
STREET ADDRESS	19 MELODY LN	
CITY-ST-ZIP	PELHAM NH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHERMAN, ROGER	
STREET ADDRESS	19 GRAND AVENUE	
CITY-ST-ZIP	NORTHPORT NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHERMAN, MELINDA	
STREET ADDRESS	19 GRAND AVENUE	
CITY-ST-ZIP	NORTHPORT NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1955 VALHALLA DRIVE
1.4 CITY-ST-ZIP	FINKSBURG, MD 21048
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1955 VALHALLA DRIVE
2.4 CITY-ST-ZIP	FINKSBURG, MD 21048
3.1 TITLE	<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"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<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"/> 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: _____ **4/23/99** **410-993-2488**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)