FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # H84690 (7)

1. Corporation Name
OREVERO CORPORATION

FILED
95 JAN 23 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified: 11/07/1985
3a. Date of Last Report: 03/28/1994

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: 59-2593365 ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	PERKINS, RUTH S.	12 NAME	
STREET ADDRESS	7913 RICHFIELD ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD VA	14 CITY-ST-ZIP	
TITLE	DT	21 TITLE	☐ Change ☐ Addition
NAME	PERKINS, GEORGE W.	22 NAME	
STREET ADDRESS	7913 RICHFIELD ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD VA	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	SHERMAN, ROBERT	32 NAME	
STREET ADDRESS	19 MELODY LN	33 STREET ADDRESS	
CITY-ST-ZIP	PELHAM NH	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	SHERMAN, BARBARA	42 NAME	
STREET ADDRESS	19 MELODY LN	43 STREET ADDRESS	
CITY-ST-ZIP	PELHAM NH	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	SHERMAN, ROGER	52 NAME	
STREET ADDRESS	19 GRAND AVENUE	53 STREET ADDRESS	
CITY-ST-ZIP	NORTHPORT NY	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	SHERMAN, MELINDA	62 NAME	
STREET ADDRESS	19 GRAND AVENUE	63 STREET ADDRESS	
CITY-ST-ZIP	NORTHPORT NY	64 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)(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 GEORGE W. PERKINS 1/18/95 703-406-5419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0485697 FN