

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 # V62772 (1)
1. Corporation Name
TREVERON, INC.



Principal Place of Business: **923 CHOCTAWHATCHEE RD E BLUEWATER BRANCH NICEVILLE FL 32578**
Mailing Address: **923 CHOCTAWHATCHEE RD E BLUEWATER BRANCH NICEVILLE FL 32578**

3. Date Incorporated or Qualified: **09/10/1992**
3a. Date of Last Report: **07/14/1995**

2. Principal Place of Business
21 **24 Bluewater Point Road**
Suite, Apt. #, etc.
22
City & State: **Niceville, FL**
23
Zip: **32578** Country: **OKalooosa**
24
2a. Mailing Address
26 **24 Bluewater Point Road**
Suite, Apt. #, etc.
27
City & State: **Niceville, FL**
28
Zip: **32578** Country: **OKalooosa**
30

4. FEI Number: **59-3175798**
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
**SILVER, RONALD
2665 S BAYSHORE DR
SUITE 202
COCONUT GROVE FL 33133**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): **111 San Souci Drive**
83
84 City: **Coral Gables** FL 85 Zip Code: **33133**

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		
TITLE	D	<input type="checkbox"/> DELETE
NAME	GAETZ, DONALD	
STREET ADDRESS	923 CHOCTAWHATCHEE RD E	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GAETZ, VICTORIA	
STREET ADDRESS	923 CHOCTAWHATCHEE RD E	
CITY-ST-ZIP	NICEVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	24 Bluewater Point Road	
1.3 STREET ADDRESS	Niceville, FL 32578	
1.4 CITY-ST-ZIP		
2.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME	24 Bluewater Point Road	
2.3 STREET ADDRESS	Niceville, FL 32578	
2.4 CITY-ST-ZIP		
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 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: **Victoria Gaetz (VICTORIA GAETZ)** 4-26-96 904-897-5405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)