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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

| TREVER | ION, INC. | 62772 | (1) | | · | | | | |
|---|---|--|--|--|--|---|---|--------------------------------------|---|
| Principal Prace of Business 24 BLUEWATER POINT ROAD SLUEWATER BRANCH NICEVILLE FL 32578 | | | Mailing Address 24 BLUEWATER POINT ROAD BLUEWATER BRANCH NICEVILLE FL 325784503 | | | | 1 | DI (W) W(4) | (III) 1084 |
| US | | | US | | | Date incorporated or Qualified 09/10/1992 | 3a. Date of 05/01/1 | | eport |
| 2. Principal f | lace of Business | | 2a. Mailing Address | | | 4. FEI Number | 1 00,01,1 | | plied For |
| <u> </u> | | | 26 | | | 59-3175798 | | | Applicable |
| Suite, Apt. ! 2] | #. etc. | | Suite, Apt. #, etc | 2. | | 5. Certificate of Status Desired | 7- | 5.75 A Fee Re | dditional nuired |
| City & Stat | ie. | | City & State | | | Election Campaign Financing Trust Fund Contribution | \$ | | May Be |
| Zipi | Cou | intry | Zip | Co | untry | 8. This corporation has liability for | | | |
| 4 | 25 | | 29 | 30 | | Florida Statutes | Yes No | | |
| | | dress of Current F | legistered Agent | | 81 Name | 10. Name and Address of New R | egistered Agen | t | |
| | ver, ronald San Souci Drivi | : | | • | l l | | | | |
| | SAN SUUCI DHIVI RAL GABLES FL 33 | | | | 82 Street Add | Iress (P.O. Box Number is Not Accepta | ble) | | |
| 001 | INTERVIEW IN ST | , 150 | | | 83 | | , | | |
| | | | | | 84 City | | 85 | Zip C | ode |
| | | | | | | | FL °° | 2.00 | 3000 |
| 11. Pursuant | to the provisions of S | ections 607,0502 a | ind 607.1508, Florida 5 | Statutes, the a | | poration submits this statement for the | | nging its | registered |
| 11. Pursuan; office or r agent La SiGNATURE | | | | | above-named corp ed by the corpora atutes. | poration submits this statement for the tion's board of directors. I hereby acce | purpose of char opt the appointm | nging its ient as | s registered registered |
| SIGNATURE | to the provisions of S registered agent, or b im familiar with, and a Stiputive, typed or pented r | samo of registered agent a | nd Ple if applicable | (NOTE Register | above-named corp ed by the corporal atutes. | ixed when reinstating) | purpose of char ept the appointm | | |
| SIGNATURE | | | nd Ple if applicable | (NOTE Register | above-named corp ed by the corporal atutes. | | purpose of char opt the appointm DATE CERS AND DIR | | |
| S:GNATURE 12. PIU | Signature, is said or printed in D GAETZ, DONALL | name of registered agent a OFFICERS AND D | nd tile if applicable DIRECTORS | (NOTE Register 13. | above-named corped by the corporal atutes. | ixed when reinstating) | purpose of char opt the appointm DATE CERS AND DIR | ECTOR | S IN 12 |
| SIGNATURE 12. PILE NAME | D GAETZ, DONALD 24 BLUEWATER | name of registered agent a OFFICERS AND D | nd tile if applicable DIRECTORS | (NOTE Register 13. 1.11 1.21 | above-named corped by the corporal atutes. ed Agent signature requirements. | ixed when reinstating) | purpose of char opt the appointm DATE CERS AND DIR | ECTOR | S IN 12 |
| SEGNATURE 12. PILE NAME STREET ATORESS DOY SE 202 | D GAETZ, DONALD 24 BLUEWATER NICEVILLE FL | name of registered agent a OFFICERS AND D | od Ple if applicator DIRECTORS DELET | (NOTE Register 13. E 1.11 1.23 1.34 1.44 | above-named corped by the corporal atutes. ed Agent signature requirements TITLE NAME STREET ADDRESS CITY-ST-ZIP | ixed when reinstating) | purpose of char opt the appointm DATE CERS AND DIR | ECTOR: | S IN 12 |
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Secretary of State