

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 20 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 574678 (9)

1. Corporation Name
INVERO CORPORATION

Principal Place of Business
**425 W. COLONIAL DR., #206
ORLANDO FL 32804**

Mailing Address
**425 W. COLONIAL DR., #206
ORLANDO FL 32804**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/05/1978** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business
21
2a. Mailing Address
26 **1245 Spring Lake Dr.**

4. FEI Number **59-1842415** Applied For
Not Applicable

Suite, Apt. #, etc. 22
27

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

City & State 23
28 **Orlando, Fl.**

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

Zip 24
25 Country 29 **32804** 30 Country

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**ROBERT A. CAIRNS
425 W. COLONIAL DR., STE. 206
ORLANDO FL 32804**

10. Name and Address of New Registered Agent

81 Name **Robert A. Cairns**
82 Street Address (P.O. Box Number is Not Acceptable)
1245 Spring Lake Dr
83
84 City **Orlando** FL 85 Zip Code **32804**

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

Robert A. Cairns

(NOTE: Registered Agent signature required when re-registering)

DATE **4/16/95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V
NAME	BARRY, WM K
STREET ADDRESS	750 BEACH RD 302
CITY - ST - ZIP	VERO BEACH, FL 00000
TITLE	DST
NAME	CAIRNS, ROBERT A
STREET ADDRESS	425 W COLONIAL DR #206
CITY - ST - ZIP	ORLANDO, FL 00000
TITLE	PD
NAME	GRAMMER, L C
STREET ADDRESS	333 TRISMAN TER
CITY - ST - ZIP	WINTER PARK, FL 0
TITLE	DST
NAME	CAIRNS, ROBERT A
STREET ADDRESS	425 W COLONIAL DR 206
CITY - ST - ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	DELETE
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	
2 1 TITLE	
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	
3 1 TITLE	
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	
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 it would 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:

Robert A. Cairns

4/16/95

407-649-8745

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Telephone