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Feb 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000048299 (7)

1. Corporation Name
SEVORG TRADING COMPANY

Principal Place of Business

255 SOUTH ORANGE AVENUE
CITRUS CENTER - SUITE 800
ORLANDO FL 32801

Mailing Address

255 SOUTH ORANGE AVENUE
CITRUS CENTER - SUITE 800
ORLANDO FL 32801-3445



2. Principal Place of Business

21 1406 Bentley Cove Ct.

Suite, Apt. #, etc.

22

City & State

23 Winter Springs, FL

Zip

24 32708

Country

25 U.S.

2a. Mailing Address

26 1406 Bentley Cove Ct.

Suite, Apt. #, etc.

27

City & State

28 Winter Springs, FL

Zip

29 32708

Country

30 U.S.

3. Date Incorporated or Qualified

06/06/1996

3a. Date of Last Report

4. FEI Number

59-340-33-66

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

BARNES, WILLIAM N
255 SOUTH ORANGE AVENUE
CITRUS CENTER - SUITE 800
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

Charles E. Allison

82 Street Address (P.O. Box Number is Not Acceptable)

1406 Bentley Cove Ct.

83

84 City

Winter Springs

FL

85 Zip Code

32708

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

Charles E. Allison

1/27/96

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME BARNES, WILLIAM N
STREET ADDRESS 255 SOUTH ORANGE AVENUE
CITY-ST-ZIP ORLANDO FL 32801

TITLE PRESIDENT ☐ DELETE
NAME Charles E. Allison
STREET ADDRESS 1406 Bentley Cove Ct.
CITY-ST-ZIP Winter Springs, FL 32708

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE PRESIDENT ☐ Change ☒ Addition
2.2 NAME Charles E. Allison
2.3 STREET ADDRESS 1406 Bentley Cove Ct.
2.4 CITY-ST-ZIP Winter Springs, FL

3.1 TITLE VICE PRESIDENT/TREAS. ☐ Change ☒ Addition
3.2 NAME DUANE H. TUCKER
3.3 STREET ADDRESS 100 Mulberry St.
3.4 CITY-ST-ZIP Gateway Center 4
Newark, NJ 07102

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 in an attachment with an address.

SIGNATURE:

Charles E. Allison

1/27/97 407649-9601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)