

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **315627** (0)

1. Corporation Name
AVATAR PROPERTIES INC.



Principal Place of Business: **255 ALHAMBRA CIRCLE CORAL GABLES FL 33134 US**
Mailing Address: **255 ALAMBRA CIRCLE CORAL GABLES FL 33134 US**

3. Date Incorporated or Qualified: **04/11/1967**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **23-1693997**
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KERRIGAN, JUANITA I.
255 ALHAMBRA CIRCLE
9TH FL
CORAL GABLES FL 33134**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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. Thereby accept the appointment as registered agent. Each familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the corporation or registered agent (if the corporation is a partnership)

Signature of Registered Agent (signature required when filing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD JACOBSON, EDWIN 255 ALHAMBRA CIR. CORAL GABLES FL	<input type="checkbox"/> DELETE	1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD GETMAN, DENNIS J. 255 ALHAMBRA CIR. CORAL GABLES FL	<input type="checkbox"/> DELETE	2. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	VS KERRIGAN, JUANITA I. 255 ALHAMBRA CIR. CORAL GABLES FL	<input type="checkbox"/> DELETE	3. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP	VTD MCNAIRY, CHARLES 255 ALHAMBRA CIR. CORAL GABLES FL	<input type="checkbox"/> DELETE	4. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V SETTLES, G. PATRICK 255 ALHAMBRA CIR. CORAL GABLES FL	<input type="checkbox"/> DELETE	5. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> DELETE	6. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY- ST- ZIP			

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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: *Juanita I. Kerrigan* Secretary/VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JUANITA I. KERRIGAN

4/30/96

(305) 442-7000

CR2E034 (12/95)