


**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 16 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 315627 (0)**  
 1. Corporation Name  
**AVATAR PROPERTIES INC.**



Principal Place of Business <b>255 ALHAMBRA CIRCLE          CORAL GABLES FL 33134          US</b>	Mailing Address <b>255 ALAMBRA CIRCLE          CORAL GABLES FL 33134-7411          US</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/11/1967</b>	3a. Date of Last Report <b>05/01/1996</b>
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number <b>23-1693997</b>	Applied For Not Applicable
25. Country	26. Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30. Country
g. 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
			<b>FL</b>	<b>33134</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<del>PS</del> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JACOBSON, EDWIN</b>	1.2 NAME	
STREET ADDRESS	<b>255 ALHAMBRA CIR.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GETMAN, DENNIS J.</b>	2.2 NAME	
STREET ADDRESS	<b>255 ALHAMBRA CIR.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VS</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KERRIGAN, JUANITA I.</b>	3.2 NAME	
STREET ADDRESS	<b>255 ALHAMBRA CIR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VTD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCAIRY, CHARLES</b>	4.2 NAME	
STREET ADDRESS	<b>255 ALHAMBRA CIR.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SETTLES, G. PATRICK</b>	5.2 NAME	
STREET ADDRESS	<b>255 ALHAMBRA CIR.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>KELFER, GERALD D.</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>255 ALHAMBRA CIR.</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>CORAL GABLES, FL 33134</b>

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 on an attachment with an address.

SIGNATURE: *Juanita I. Kerrigan* **JUANITA I. KERRIGAN** 4/25/97 (305)442-7000

CR2E034 (9/96)

**FLORIDA ANNUAL REPORT:  
AVATAR PROPERTIES INC. (FL)**

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**ADDITIONAL OFFICERS:**

<b>SR VP-STRATEGIC DEV</b>	<b>GARY L. CARLSON</b>
<b>VP</b>	<b>ROBERT A. CHURCHILL</b>
<b>VP-CC HOMEBUILDING OPER.</b>	<b>DAVID COBB</b>
<b>VP-CENTRAL FL HOMEBLDG OP</b>	<b>WILLIAM COWART</b>
<b>VP-RESORT OPERATIONS</b>	<b>JOSEPH DARLING</b>
<b>VP</b>	<b>RICHARD FRANKS</b>
<b>VP</b>	<b>ANTHONY S. IORIO</b>
<b>CONTROLLER</b>	<b>LAWRENCE COLDITZ</b>
<b>ASST VP</b>	<b>RICHARD P. WEIDA</b>
<b>ASST VP</b>	<b>ROGER WILLIAMS</b>
<b>ASST VP</b>	<b>FRED SANDERS</b>