

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 530094

1. Corporation Name

AVANTI INVESTMENTS, INC.

4-10-96 B 3374 C  
(2)  
OK too pay  
mfg



Principal Place of Business: 431 E. HORATIO AVE. STE.210 MAITLAND FL 32751  
Mailing Address: 431 E. HORATIO AVE. STE.210 MAITLAND FL 32751

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: 03/25/1977  
3a. Date of Last Report: 04/07/1995  
4. FEI Number: 59-1755956 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

SCHWARTZ, CHARLES  
431 E. HORATIO AVE  
#210  
MAITLAND FL 32751

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Signature (typed or printed name of registered agent and title if applicable)

(NOT Registered Agent signature required when no change)

DATE

12. OFFICERS AND DIRECTORS

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | PD                       | <input type="checkbox"/> DELETE |
| NAME           | SCHWARTZ, CHARLES        |                                 |
| STREET ADDRESS | 431E HORATIO AVE. #210   |                                 |
| CITY-STATE-ZIP | MAITLAND FL              |                                 |
| TITLE          | VSD                      | <input type="checkbox"/> DELETE |
| NAME           | SCHWARTZ, LYNN           |                                 |
| STREET ADDRESS | 431 E HORATIO AVE 210    |                                 |
| CITY-STATE-ZIP | MAITLAND FL              |                                 |
| TITLE          | S                        | <input type="checkbox"/> DELETE |
| NAME           | SHARP, MARY L            |                                 |
| STREET ADDRESS | 431E HORATIO AVE. #210   |                                 |
| CITY-STATE-ZIP | MAITLAND FL              |                                 |
| TITLE          | D                        | <input type="checkbox"/> DELETE |
| NAME           | LOEB, DONALD             |                                 |
| STREET ADDRESS | 22 ST. CLAIR AVE E #1700 |                                 |
| CITY-STATE-ZIP | TORONTO, ONT., CANADA    |                                 |
| TITLE          |                          | <input type="checkbox"/> DELETE |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-STATE-ZIP |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> DELETE |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-STATE-ZIP |                          |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                          |  |
|--------------------|--------------------------|--|
| 1. TITLE           |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2. NAME            |                          |  |
| 3. STREET ADDRESS  |                          |  |
| 4. CITY-STATE-ZIP  |                          |  |
| 2.1 TITLE          | VSD                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | LOUIS, LYNN              |  |
| 2.3 STREET ADDRESS | 431 E. Horatio Ave, #210 |  |
| 2.4 CITY-STATE-ZIP | Maitland, FL 32751       |  |
| 3.1 TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                          |  |
| 3.3 STREET ADDRESS |                          |  |
| 3.4 CITY-STATE-ZIP |                          |  |
| 4.1 TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                          |  |
| 4.3 STREET ADDRESS |                          |  |
| 4.4 CITY-STATE-ZIP |                          |  |
| 5.1 TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                          |  |
| 5.3 STREET ADDRESS |                          |  |
| 5.4 CITY-STATE-ZIP |                          |  |
| 6.1 TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                          |  |
| 6.3 STREET ADDRESS |                          |  |
| 6.4 CITY-STATE-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 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: Charles Schwartz, Pres. 4/3/96 407/628-8488  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Phone #)

CR2E034 (12/95)