

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

**FILED**

**Feb 18 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 530094** (2) *OK to pay*

1. Corporation Name  
**AVANTI INVESTMENTS, INC.**



Principal Place of Business <b>431 E. HORATIO AVE. STE.210 MAITLAND FL 32751</b>	Mailing Address <b>431 E. HORATIO AVE. STE.210 MAITLAND FL 32751-4540</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>03/25/1977</b>	3a. Date of Last Report <b>04/10/1996</b>
21	26	4. FEI Number <b>59-1755956</b>	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
8. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**8. 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 607.1508, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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)(j), 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* Charles Schwartz, Pres. 2/10/97 407/628-8488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)