Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 826072

1. Corporation Name

AVATAR REALTY INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

255 ALHAMBRA CIRCLE, 9TH FLOOR CORAL GABLES FL 33134-5102

2. Principal Place of Business

12th Floor

Suite, Apt. #, etc.

City & State

201 Alhambra Circle

255 ALHAMBRA CIRCLE, 9TH FLOOR CORAL GABLES FL 33134-5102

201 Alhambra

12th Floor

## FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90024 028 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6 Election Campaign Financing

04/23/1971

23-1736926

4. FEI Number

23 Coral	Gabl <u>es, Florida</u>	28 Coral Gables	, Florida	Trust Fund Contribution Added to	Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible		
24 33134	_ ′	29 33134 30	.]		□No	
	9. Name and Address of Cur			10. Name and Address of New Registered Agent		
			81 Name			
KERRIGAN, JUANITA I. 255 ALHAMBRA CIRCLE CORAL GABLES FL 33134			82 Street	82 Street Address (P.O. Box Number is Not Acceptable)		
			July Suleet	201 Alhambra Circle		
			83	10th Bloom		
			84 City	12th Floor	ode .	
				Coral Gables FL   331		
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	RS IN 12	
TITLE	PDC	☐ DELETE	1.1 TITLE	Ď Change	☐ Addition	
NAME	KELFER, GERALD D.		1.2 NAME			
STREET ADDRESS	255 ALHAMBRA CIR.		1.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33134		1.4 CITY-ST-ZIP	Coral Gables, Florida 33134		
TITLE	٧	☐ DELETE	2.1 TITLE		☐ Addition	
NAME	RAYMOND, WARREN		2.2 NAME			
STREET ADDRESS	255 ALHAMBRA CIR.		2.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL		2. 4 CITY-ST-ZIP	Coral Gables, Florida 33134		
TITLE	VTD	☐ DELETE	3.1 TITLE	∑ Change	☐ Addition	
NAME	MCNAIRY, CHARLES		3.2 NAME	201 Albanban Oi sala 12th Blass	ļ	
STREET ADDRESS	255 ALHAMBRA CIR.		3.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL		3.4. CITY-ST-ZIP	Coral Gables, Florida 33134		
TITLE	D	☐ DELETE	4.1 TITLE	X) Change	☐ Addition	
NAME	SETTLES, PATRICK G.		4. 2 NAME	201 Albertae Givel- 12th Bloom	1	
STREET ADDRESS	255 ALHAMBRA CIR.		4.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL		4.4 CITY-ST-ZIP	Coral Gables, Florida 33134		
TITLE	VS	☐ DELETE	5.1 TITLE	XI Change	☐ Addition .	
NAME	Kerrigan, Juanita I.		5.2 NAME	201 Alhambra Circle 12th Floor	}	
STREET ADDRESS	255 ALHAMBRA CIR.		5.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL		5.4 CITY-ST-ZIP 6.1 TITLE	Coral Gables, Florida 33134	☐ Addition	
TITLE	VD	☐ DELETE	6.2 NAME	<b>X</b> Change		
NAME	GETMAN, DENNIS J.			201 Albambas Cinals 12th Elses		
STREET ADDRESS	255 ALHAMBRA CIR.		6.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL		6.4 CITY - ST-ZIP	Corál Gables, Florida 33134	formation	
14. I 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, with all other like empowered.

SIGNATURE: By: Sussita O. Kerrigan Juan 17 I Kozakan 4/24/99 (305)442-7000

GIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR OFFICER O