

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

92 MAY -1 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F69304** (6)
To: Corporation Name
AVATAR LEISURE LAKES, INC.

Principal Place of Business: **255 ALHAMBRA CIR. 9TH FL CORAL GABLES FL 33134-5102**
Mailing Address: **255 ALHAMBRA CIR. 9TH FL CORAL GABLES FL 33134-5102**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/03/1982	3a. Date of Last Report 04/20/1994
4. FEI Number 65-0012731	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under the Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business 21	26. Mailing Address 26
22. Suite, Apt. #, etc. 22	27. Suite, Apt. #, etc. 27
23. City & State 23	28. City & State 28
24. ZIP 24	30. CARRIER 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	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

11. Pursuant to the provisions of Sections 607.0505 and 607.1505, Florida Statutes, this 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: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '94

OFFICER	SD
NAME	KERRIGAN, JUANITA I.
STREET ADDRESS	255 ALHAMBRA CIR.
CITY & STATE	CORAL GABLES FL
OFFICER	P
NAME	PASHLEY, JEFFREY
STREET ADDRESS	255 ALHAMBRA CIR.
CITY & STATE	CORAL GABLES FL
OFFICER	VTD
NAME	MCAIRY, CHARLES
STREET ADDRESS	255 ALHAMBRA CIR.
CITY & STATE	CORAL GABLES FL
OFFICER	VD
NAME	GETMAN, DENNIS J.
STREET ADDRESS	255 ALHAMBRA CIR.
CITY & STATE	CORAL GABLES FL
OFFICER	V
NAME	COOK, DONALD
STREET ADDRESS	255 ALHAMBRA CIR.
CITY & STATE	CORAL GABLES FL

1. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY & STATE	
5. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY & STATE	
9. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	
13. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY & STATE	

14. This hereby certifies that the information supplied with this filing is substantially true and correct and that the corporation is in compliance with the provisions of the Florida Statutes. I further certify that the address above is the principal office of the corporation and that my signature shall have the same legal effect as if my name were affixed to the report of the corporation for the year or fraction of year covered by this report as required by Chapter 607, Florida Statutes, and that my name appears in the report of the corporation as an officer or director.

SIGNATURE: *Juanita I. Kerrigan, Secretary*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JUANITA I. KERRIGAN

4/20/95 (305) 442-7000