

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F69304** (6)
1. 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**

3. Date Incorporated or Qualified: **03/03/1982**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0012731**
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. 190.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
**KERRIGAN, JUANITA I.
255 ALHAMBRA CIRCLE
9TH FL
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0902 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 607.0905, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	KERRIGAN, JUANITA I.	
STREET ADDRESS	255 ALHAMBRA CIR.	
CITY- ST- ZIP	CORAL GABLES FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	PASHLEY, JEFFREY	
STREET ADDRESS	255 ALHAMBRA CIR.	
CITY- ST- ZIP	CORAL GABLES FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	MCAIRY, CHARLES	
STREET ADDRESS	255 ALHAMBRA CIR.	
CITY- ST- ZIP	CORAL GABLES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GETMAN, DENNIS J.	
STREET ADDRESS	255 ALHAMBRA CIR.	
CITY- ST- ZIP	CORAL GABLES FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	COOK, DONALD	
STREET ADDRESS	255 ALHAMBRA CIR.	
CITY- ST- ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	KERRIGAN, JUANITA I	
13 STREET ADDRESS	255 ALHAMBRA CIRCLE	
14 CITY- ST- ZIP	CORAL GABLES, FL 33134	
21 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	IORIO, JR ANTHONY	
23 STREET ADDRESS	255 ALHAMBRA CIRCLE	
24 CITY- ST- ZIP	CORAL GABLES, FL 33134	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY- ST- ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY- ST- ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY- ST- ZIP		
61 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	COUGHCOUR, JENETTE	
63 STREET ADDRESS	255 ALHAMBRA CIRCLE	
64 CITY- ST- ZIP	CORAL GABLES, FL 33134	

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: By: *Juanita I. Kerrigan* Secretary/Director 4/30/96 (205) 442-7000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 JUANITA I. KERRIGAN

CR2E034 (12/95)