

**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 # K37308 (9)**

1. Corporation Name  
**AVANTI DEVELOPMENT CORPORATION**



Principal Place of Business <b>% CHARLES SCHWARTZ 431 E. HORATIO AVENUE, SUITE 210 MAITLAND FL 32751</b>	Mailing Address <b>% CHARLES SCHWARTZ 431 E. HORATIO AVENUE, SUITE 210 MAITLAND FL 32751</b>
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3. Date Incorporated or Qualified <b>10/07/1988</b>	3a. Date of Last Report <b>04/07/1995</b>
4. FEI Number <b>59-2919844</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 30
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**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**SCHWARTZ, CHARLES  
431 EAST HORATIO AVENUE  
SUITE 210  
MAITLAND FL 32751**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and to fill applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHWARTZ, CHARLES</b>	1.2 NAME	
STREET ADDRESS	<b>431 E HORATIO AVE, #210</b>	1.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>MAITLAND FL</b>	1.4 CITY-STATE-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOEB, DONALD E.</b>	2.2 NAME	
STREET ADDRESS	<b>22 ST CLAIR AVE, E, 1700</b>	2.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>TORONTO, ONT., CANADA</b>	2.4 CITY-STATE-ZIP	
TITLE	ST <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SCHMIDT, DIANE G.</b>	3.2 NAME	<b>ST Childress, Janet</b>
STREET ADDRESS	<b>431 E. HORATIO AVE #210</b>	3.3 STREET ADDRESS	<b>431 E. Horatio Ave, #210</b>
CITY-STATE-ZIP	<b>MAITLAND FL</b>	3.4 CITY-STATE-ZIP	<b>Maitland, FL 32751</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		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* **Charles Schwartz, Pres. 2/5/96 407/628-8488**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)