

5-13-98 B-7250 -C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K37308 (9)
 1. Corporation Name
AVANTI DEVELOPMENT CORPORATION



Principal Place of Business % CHARLES SCHWARTZ 431 E. HORATIO AVENUE, SUITE 210 MAITLAND FL 32751	Mailing Address % CHARLES SCHWARTZ 431 E. HORATIO AVENUE, SUITE 210 MAITLAND FL 32751
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt #, etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 10/07/1988	4. FEI Number 59-2919844	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent SCHWARTZ, CHARLES 431 EAST HORATIO AVENUE SUITE 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
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME SCHWARTZ, CHARLES	1.1 TITLE <i>Vice President</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 431 E HORATIO AVE, #210	CITY-ST-ZIP MAITLAND FL	1.2 NAME <i>Marvin Shapiro</i>	
		1.3 STREET ADDRESS <i>431 E. Horatio Ave., #210</i>	
		1.4 CITY-ST-ZIP <i>Maitland, FL 32751</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE CD	NAME LOEB, DONALD E.	2.1 TITLE <i>Asst. Treasurer</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 22 ST CLAIR AVE, E, 1700	CITY-ST-ZIP TORONTO, ONT., CANADA	2.2 NAME <i>Beila Sherman</i>	
		2.3 STREET ADDRESS <i>431 E. Horatio Ave., #210</i>	
		2.4 CITY-ST-ZIP <i>Maitland, FL 32751</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST	NAME CHILDRESS, JANET	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 431 E HORATIO AVENUE 210	CITY-ST-ZIP MAITLAND FL	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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.

SIGNATURE *Beila Sherman* **Asst. Treasurer** 4/12/98 407-128-814

CR2E034 (10/97)