

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

**FILED**  
**May 16 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 348890 (5)**  
 1. Corporation Name  
**AVATAR DEVELOPMENT CORPORATION**



Principal Place of Business <b>255 ALHAMBRA CIRCLE, 9TH FL                  CORAL GABLES FL 33134-5102</b>	Mailing Address <b>255 ALHAMBRA CIRCLE, 9TH FL                  CORAL GABLES FL 33134-7412</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>06/27/1969</b>	3a. Date of Last Report <b>05/01/1996</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-1270989</b>	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	25	29	30
g. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

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

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

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>JACOBSON, EDWIN</b>	
STREET ADDRESS	<b>255 ALHAMBRA CIR.</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	<b>MCAIRY, CHARLES</b>	
STREET ADDRESS	<b>255 ALHAMBRA CIR.</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>GETMAN, DENNIS J.</b>	
STREET ADDRESS	<b>255 ALHAMBRA CIR.</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	
TITLE	S	<input type="checkbox"/> DELETE
NAME	<b>KERRIGAN, JUANITA I.</b>	
STREET ADDRESS	<b>255 ALHAMBRA CIR.</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	<b>TANEL, AMI</b>	
STREET ADDRESS	<b>255 ALHAMBRA CIRCLE</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	<b>BLACK, ROBERT</b>	
STREET ADDRESS	<b>255 ALHAMBRA CIRCLE</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>V DECKARD, JAY</b>
5.3 STREET ADDRESS	<b>255 ALHAMBRA CIR.</b>
5.4 CITY-ST-ZIP	<b>CORAL GABLES, FL 33134</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 *Juanita I. Kerrigan* **JUANITA I. KERRIGAN** *4/16/97* **(405) 1112-7000**

CR2E034 (9/96)