

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

FILED  
May 14 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 348890 (5)  
1. Corporation Name  
AVATAR DEVELOPMENT CORPORATION



Principal Place of Business Mailing Address  
255 ALHAMBRA CIRCLE, 9TH FL  
CORAL GABLES FL 33134-5102 255 ALHAMBRA CIRCLE, 9TH FL  
CORAL GABLES FL 33134-5102

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/27/1969	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1270989	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. 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

KERRIGAN, JUANITA I.  
255 ALHAMBRA CIRCLE  
9TH FLOOR  
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 FL 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	JACOBSON, EDWIN	
STREET ADDRESS	255 ALHAMBRA CIR.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	MCNAIRY, 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	S	<input type="checkbox"/> DELETE
NAME	KERRIGAN, JUANITA I.	
STREET ADDRESS	255 ALHAMBRA CIR.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	DECKER, JAY	
STREET ADDRESS	255 ALHAMBRA CIRCLE	
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

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KELFER, GERALD D.	
1.3 STREET ADDRESS	255 ALHAMBRA CIRCLE	
1.4 CITY-ST-ZIP	CORAL GABLES, FL 33134	
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 type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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.

CR2E034 (10/97)