FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **826072** **(1)**

1. Corporate Name
AVATAR REALTY INC.

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

Mailing Address
255 ALHAMBRA CIRCLE, 9TH FLOOR
CORAL GABLES FL 33134-5102

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/23/1971**
3a. Date of Last Report: **04/20/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) County (25) Zip (29) County (30)

4. FEI Number: **23-1736926** ☐ Applied For ☐ Not Applicable

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. 199.032, Florida Statutes* ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KERRIGAN, JUANITA I.
255 ALHAMBRA CIRCLE
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 (Registered Agent's signature required if registered agent is changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	PDC	11 TITLE	☐ Change ☐ Addition
12 NAME	JACOBSON, EDWIN	12 NAME	
13 STREET ADDRESS	255 ALHAMBRA CIR.	13 STREET ADDRESS	
14 CITY ST ZIP	CORAL GABLES FL	14 CITY ST ZIP	
21 TITLE	V	21 TITLE	☐ Change ☐ Addition
22 NAME	HILTON, HERBERT	22 NAME	
23 STREET ADDRESS	255 ALHAMBRA CIR.	23 STREET ADDRESS	
24 CITY ST ZIP	CORAL GABLES FL	24 CITY ST ZIP	
31 TITLE	VTD	31 TITLE	☐ Change ☐ Addition
32 NAME	MCNAIRY, CHARLES	32 NAME	
33 STREET ADDRESS	255 ALHAMBRA CIR.	33 STREET ADDRESS	
34 CITY ST ZIP	CORAL GABLES FL	34 CITY ST ZIP	
41 TITLE	D	41 TITLE	☐ Change ☐ Addition
42 NAME	SETTLES, PATRICK G.	42 NAME	
43 STREET ADDRESS	255 ALHAMBRA CIR.	43 STREET ADDRESS	
44 CITY ST ZIP	CORAL GABLES FL	44 CITY ST ZIP	
51 TITLE	S	51 TITLE	☐ Change ☐ Addition
52 NAME	KERRIGAN, JUANITA I.	52 NAME	
53 STREET ADDRESS	255 ALHAMBRA CIR.	53 STREET ADDRESS	
54 CITY ST ZIP	CORAL GABLES FL	54 CITY ST ZIP	
61 TITLE	VD	61 TITLE	☐ Change ☐ Addition
62 NAME	GETMAN, DENNIS J.	62 NAME	
63 STREET ADDRESS	255 ALHAMBRA CIR.	63 STREET ADDRESS	
64 CITY ST ZIP	CORAL GABLES FL	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is, to the best of my knowledge, 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 above, or on an attachment with an address.

SIGNATURE: Juanita I. Kerrigan, Secretary 4/26/95 (305) 442-7000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR
JUANITA I. KERRIGAN

0141050 CP