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

PROFIT CORPORATION ANNUAL REPORT

**1998** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 826072

(1)

AVATAR REALTY INC.

## FILED May 14 1998 8:00am Secretary of State



Principal Plac	pe of Business	Mailing Address	ng Address			
255 ALHAMBRA CIRCLE. 9TH FLOOR 255 ALHAMBRA C			F 9TH FLOOR			
CORAL GABLES FL 33134-5102		CORAL GABLES FL 33134-5102				İ
						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						04/23/1971
2. Principal Place of Business 2a. Mailing A			Address			4. FEI Number Applied For
21		26			· · · · · · · · · · · · · · · · · · ·	23-1736926 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·			5. Certificate of Status Desired \$8.75 Additional
22		27				- Fee Hequired
City & State		F 1	City & State			Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	<del></del>	Country		8. This corporation owes or has paid the current year Intangible
24	25	29	30	_		Personal Property Tax due June 30. 🛂 Yes 🔲 No
9. Name and Address of Current Registered Agent					Name	10. Name and Address of New Registered Agent
	RRIGAN, JUANITA I.			B1	Name	
255 ALHAMBRA CIRCLE				82	Street	Address (P.O. Box Number is Not Acceptable)
C0	ORAL GABLES FL 33134					
				83		
				84	City	■ 85 Zip Code
				"	Ony	FL   2   2   2   2   2   2   2   2   2
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 earnin of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating).  DATE						
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PDC	<b>X</b> DELETE	1.11	TATE		PD Change XAddition
NAME	JACOBSON, EDWIN		1.2	NAME		KELFER, GERALD D. 255 ALHAMBRA CIRCLE
STREET ADDRESS			STREET	ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		1,4	CITY-S	T - ZIP	CORAL GABLES, FL 33134
TITLE	V	☐ DELETE	2.1	TITLE		☐ Change ☐ Addition
NAME	RAYMOND, WARREN		2.2	NAME		
STREET ADDRESS	255 ALHAMBRA CIR.		2.3	STREET	ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	ABLES FL 2		CITY-S	ST-ZIP	
TITLE	VTD	DELETE		TITLE		Change Addition
NAME	AROMANDU GUARIERO		NAME	i		
STREET ADDRESS	255 ALHAMBRA CIR.		1		ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL					
TITLE	D	DELETE		3.4. CHY-ST-Z 4.1 TITLE		Change Addition
NAME	SETTLES, PATRICK G.	the second		NAME		- Viving-
ł	255 ALHAMBRA CIR.		- 1		ADDRESS	
STREET ADDRESS	CORAL GABLES FL				ADDRESS	
CITY-ST-ZIP	\$	OĒLĒTE		4.4 CITY-ST-ZIP		Tre Change Addition
TITLE		ר"ו הנינכונ		5.1 TITLE 5.2 NAME		VS Change L. Addition
NAME	KERRIGAN, JUANITA I.					
STREET ADDRESS	255 ALHAMBRA CIR.				ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	——————————————————————————————————————		CITY-S	T - ZiP	
TITLE	VD	DELETE		IIILE		☐ Change ☐ Addition
NAME	GETMAN, DENNIS J.		6.2	NAME		
STREET ADDRESS	255 ALHAMBRA CIR.		6.3	STREET	address	
CITY-ST-ZIP	CORAL GABLES FL		6.4	CITY-S	T-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 trusted 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.

wholes 6

12 - E)442 200