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 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **828310** **(3)**

1. Corporate Name
AVATAR UTILITIES INC.

Principal Place of Business
255 ALHAMBRA CIR 9TH FLOOR
CORAL GABLES FL 33134

Mailing Address
255 ALHAMBRA CIR 9TH FLOOR
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/18/1972**
3a. Date of Last Report: **04/19/1994**

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

4. FEI Number: **23-1582615** ☐ 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

GORDON, ROBERT B
255 ALHAMBRA CIRCLE
9TH FLOOR
CORAL GABLES FL

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 Section 607.0502 and 607.1506, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: (Typed or printed name of registered agent and, if applicable, the signature of the registered agent.) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
71 Title 72 Name 73 Street Address 74 City-St-Zip	~~PCB~~ GORDON, ROBERT B 255 ALHAMBRA CIRCLE, CORAL GABLES FL	71 Title 72 Name 73 Street Address 74 City-St-Zip	P/D/C ☒ Change ☐ Addition
71 Title 72 Name 73 Street Address 74 City-St-Zip	~~EVP~~ ALLEN, GERALD S 255 ALHAMBRA CIRCLE CORAL GABLES FL	71 Title 72 Name 73 Street Address 74 City-St-Zip	V/D ALLEN, GERALD S 4837 SWIFT RD., #200 SARASOTA, FL 34231 ☒ Change ☐ Addition
71 Title 72 Name 73 Street Address 74 City-St-Zip	~~CTS~~ ~~MILLER, SHARI N~~ 255 ALHAMBRA CIRCLE CORAL GABLES FL	71 Title 72 Name 73 Street Address 74 City-St-Zip	V/T MURPHY, MICHAEL 4837 SWIFT RD., # 200 SARASOTA, FL 34231 ☐ Change ☒ Addition
71 Title 72 Name 73 Street Address 74 City-St-Zip	~~AS~~ ~~ALONSO, MAYRA~~ 255 ALHAMBRA CIR CORAL GABLES FL	71 Title 72 Name 73 Street Address 74 City-St-Zip	D GEIMAN, DENNIS J. 255 ALHAMBRA CIRCLE CORAL GABLES, FL ☐ Change ☒ Addition
71 Title 72 Name 73 Street Address 74 City-St-Zip	D JACOBSON, EDWIN 255 ALHAMBRA CIRCLE, CORAL GABLES FL	71 Title 72 Name 73 Street Address 74 City-St-Zip	☐ Change ☐ Addition
71 Title 72 Name 73 Street Address 74 City-St-Zip		71 Title 72 Name 73 Street Address 74 City-St-Zip	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: Robert B Gordon 4/10/95 305-442-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)
ROBERT B GORDON, PRESIDENT

0141D10 CP