FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

1. Corporation Name

AVATAR UTILITIES INC.

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

3. Date Incorporated or Qualified: **07/18/1972**
3a. Date of Last Report: **05/01/1995**

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

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

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 Sections 607.0505 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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDC	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GORDON, ROBERT B		1.2 NAME		
STREET ADDRESS	255 ALHAMBRA CIRCLE,		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ALLEN, GERALD S		2.2 NAME		
STREET ADDRESS	4837 SWIFT RD., #200		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP		
TITLE	VT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MURPHY, MICHAEL		3.2 NAME		
STREET ADDRESS	4837 SWIFT RD., #200		3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GETMAN, DENNIS J.		4.2 NAME		
STREET ADDRESS	255 ALHAMBRA CIR		4.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	JACOBSON, EDWIN		5.2 NAME		
STREET ADDRESS	255 ALHAMBRA CIRCLE,		5.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	S	☐ Change ☒ Addition
NAME			6.2 NAME	CHUBUCK, ANITA J.	
STREET ADDRESS			6.3 STREET ADDRESS	4837 SWIFT RD. #200	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	SARASOTA, FL	

CR2E034 (12/95)

14. I do 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 if changed, or on an attachment with an address.

SIGNATURE: By: Robert B Gordon President 4/17/96 305-442-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ROBERT B. GORDON