

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

FILED

Feb 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		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 4837 SWIFT RD. SUITE 100 SARASOTA FL 34231	Mailing Address 4837 SWIFT RD. SUITE 100 SARASOTA FL 34231-5157
---	--

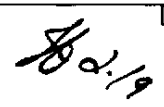


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/18/1972	3a. Date of Last Report 05/01/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 23-1582615		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23. Zip	28. Zip	Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24. Zip	25. Country	29. Zip	30. Country	10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent ALLEN, GERALD S 4837 SWIFT RD. SUITE 100 SARASOTA FL 34231		81. Name	85. Zip Code FL
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	

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  Gerald S. Allen P/D/C
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC GORDON, ROBERT B 255 ALHAMBRA CIRCLE, CORAL GABLES FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALLEN, GERALD S 4837 SWIFT RD., #200 SARASOTA FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	P/D/C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4837 SWIFT RD., #100 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MURPHY, MICHAEL 4837 SWIFT RD., #200 SARASOTA FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	V/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4837 SWIFT RD., #100 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GETMAN, DENNIS J. 255 ALHAMBRA CIR CORAL GABLES FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800002092358 -02/19/97--01081--028 ***1216.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBSON, EDWIN 255 ALHAMBRA CIRCLE, CORAL GABLES FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHUBBUCK, ANITA J 4837 SWIFT RD #200 SARASOTA FL <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4837 SWIFT RD., #100 34231

14. I do 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 (9/96)