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May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 832355

(2)

1. Corporation Name
AVATAR HOLDINGS INC.



Principal Place of Business
**255 ALHAMBRA CIR., 9TH FL.
 CORAL GABLES FL 33134-5102**

Mailing Address
**255 ALHAMBRA CIR., 9TH FL.
 CORAL GABLES FL 33134-7412**

3. Date Incorporated or Qualified
05/16/1974

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
23-1739078

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

10. Name and Address of New Registered Agent

**KERRIGAN, JUANITA I.
 255 ALHAMBRA CIRCLE
 9TH FL.
 CORAL GABLES FL 33134**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **V** DELETE
 NAME **GETMAN, DENNIS J.**
 STREET ADDRESS **255 ALHAMBRA CIR.**
 CITY-ST-ZIP **CORAL GABLES FL**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE **POB** DELETE
 NAME **JACOBSON, EDWIN**
 STREET ADDRESS **255 ALHAMBRA CIR.**
 CITY-ST-ZIP **CORAL GABLES FL**

2.1 TITLE **DC** Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE **D** DELETE
 NAME **PORTER, WILLIAM**
 STREET ADDRESS **255 ALHAMBRA CIR.**
 CITY-ST-ZIP **CORAL GABLES FL**

3.1 TITLE **PD** Change Addition
 3.2 NAME **KELFER, GERALD D.**
 3.3 STREET ADDRESS **255 ALHAMBRA CIR.**
 3.4 CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **D** DELETE
 NAME **LEVY, LEON**
 STREET ADDRESS **255 ALHAMBRA CIR.**
 CITY-ST-ZIP **CORAL GABLES FL**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE **VT** DELETE
 NAME **MCAIRY, CHARLES**
 STREET ADDRESS **255 ALHAMBRA CIR.**
 CITY-ST-ZIP **CORAL GABLES FL**

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE **VS** DELETE
 NAME **KERRIGAN, JUANITA I.**
 STREET ADDRESS **255 ALHAMBRA CIR.**
 CITY-ST-ZIP **CORAL GABLES FL**

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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)

**FLORIDA ANNUAL REPORT
AVATAR HOLDINGS INC. (DE)**

ADDITIONAL OFFICERS AND DIRECTORS:

VP/AST GEN COUNSEL/AST SEC	G. PATRICK SETTLES
CONTROLLER	LAWRENCE COLDITZ
DIRECTOR	LEON T. KENDALL
DIRECTOR	KENNETH T. ROSEN
DIRECTOR	MILTON H. DRESNER
DIRECTOR	MARTIN MEYERSON
DIRECTOR	FRED STANTON SMITH
DIRECTOR	HENRY KING STANFORD