## 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 # F9500005605 (9)

1. Corporation Name

THE AVATAR GROUP, INC.



Principal Place of Business  MARGARET POWELL  9993 GADSDEN ROAD		Mailing Address						
		% MARGARET POWELL 3 <del>965 GADSDEN ROA</del> D						
JACKSONVILLE FL 32206		JACKSONVILLE FL 92206		. 10	3. Date Incorporated or Qualified	3a. Date of Last Report		
	the bearing and and		-	-	<b>A</b> 2- 11/15/1995			
	dependent Dr. #14	2a. Mailing Address	200	- Dr.	4. FEI Number			Applied For
Jackso:	nville, FL 32202	26	1000	2202	54-1668215			Not Applicable
Suite, Apt. #, etc.			E. F	-	5. Certificate of Status Desired			Additional
27 27			Mei	, <b>61</b>			Required	
City & State		2a. Mailing Address 26. Suppose of the Country  City I State to Country  Country		6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees				
Zip	Country		Country	UNL	8. This corporation has liability for i		. under s	199.032,
4	25 DUVAL		30 1Dv	UNC	Florida Statutes X Yes	☐ No		
	9. Name and Address of Current	Hegistereo Agent	81	Name	10. Name and Address of New R	egistereo A	gent	
			"	Name				
KIRCHER, SALLY J			82	82 Street Address (P.O. Box Number is Not Acceptable)				
ONE INDEPENDENT DR., STE. 3303			83	<del> </del>				
JACKS	ONVILLE FL 32202-5027		63	'				
			84	City		<u> </u>	85 Zij	p Code
				L		<u>FL</u>	ــــــــــــــــــــــــــــــــــــــ	
or registered	d agent, or both, in the State of Florida , and accept the obligations of, Section	<ul> <li>Such change was authorized</li> </ul>	by the con	poration's board	ition submits this statement for the pur d of directors. I hereby accept the appo	pose of char pintment as r	egistered	l agent. I am
SIGNATURE	Ignature, typed or printed name of registered agent a	nd title if applicable (NOTE	Registered Age	nt signature required	when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF			
HILE	CP	☐ DELETE	1. 1 TITLE	i.	-		) Change	Addition
NAME	PINES, ALBERT		1.2 NAME					
STREET ADDRESS	6019 GOOD LION COURT	7728 White Willow	1.3 STREE	T ADDRESS				
CITY-ST-ZIP	ALEXANDRIA VA 22310-	SPRINGFIELD, VA 22153			<del></del>	<u> </u>		
TITLE	CST	DELETE	2 1 THILE			L.	) Change	Addition
NAME	POWELL, MARGARET		2 2 NAME					
STREET ADDRESS	3965 GADSDEN ROAD		2.3 STREE	T ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32206		24 DITY-			-	1 01	- Address
TITLE	D	☐ DELETE	3. 1 TITLE	1			] Change	☐ Addition
NAME	STITES, DOUGLAS		3 2 NAME	1				
STREET ADDRESS	7512 EPSILON DR.		3 3. STRE	et address				
CHY-SI-ZIP	ROCKVILLE MD 20879	FT DELETE	3.4 CITY-				Change	Addition
THE	D MONUTER BUSOCH	☐ DELETE	4. 1 TITLE			L	] Change	☐ Addition
NAME	MCNUTT, RUSSELL		4 2 NAME					
STREET ADDRESS	631 POINCIANA DR.			T ADDRESS				
C(TY-S1-Z(P	FT. LAUDERDALE FL 33301	[ ] on tre	4.4 CHY-				Change	☐ Add tion
TITLE		☐ DELETE	5 1 TITLE				j onange	□ vandon
NAME			5.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-SI-ZIP		DELETE	5.4 CITY-				Change	Addition
TILE		TT) percie	6 1 TITLE			<b>!</b>	1 onange	- HOURIER
NAME			62 NAME					
STREET ADDRESS				I ADDRESS				
14 Ldo bereby	certify that the information supplied w	ith this filing is voluntarily furnish	6.4 C(TY-		r the exemption stated in Section 119.	07(3)(k) Flor	ida Statu	tes I further
certify that I	the information indicated on this annua	al report or supplemental annua ation or the receiver or trustee a	I report is to	rue and accurat	e and that my signature shall have the report as required by Chapter 607, Fi	same legal e	effect as it	f made under