SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

F95000005605 (9)

26

Mailing Address

THE AVATAR GROUP INC 1 E INDEPENDENT DR. #142

JACKSONVILLE FL 32202

2a. Mailing Address 200 W

THE AVATAR GROUP, INC.

Principal Place of Business THE AVATAR GROUP

1 E INDEPENDENT DR. #142 JACKSONVILLE FL 32202

2. Principal Place of Business

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Secretary of State	
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DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified	
11/15/1995 4. FEI Number Applied For	
1.44	
S8 75 Additional	
5. Certificate of Status Desired Fee Required	
6. Election Campaign Financing \$5.00 May Be	
Trust Fund Contribution LJ Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
10. Name and Address of New Registered Agent	
(P.O. Box Number is Not Acceptable)	
, , , , , , , , , , , , , , , , , , , ,	
FL 85 Zip Code	
on submits this statement for the purpose of changing its registered	
s board of directors. I hereby accept the appointment as registered	
when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	ô
Change Addition	Ķ
Sittings Controlled	2
	ŭ
	CROHOLA (A/QR)
Change Addition	_

FILED

Aug 05 1998 8:00am

Secretary of State

Suite, Apt. #, etc. **5**. Ce 22 27 City & State 6. Etc ACKSONUILLE Tru 28 23 Zip Country **8**. Th 24 25 Pe 9. Name and Address of Current Registered Agent 10. Na Name KIRCHER, SALLY J ONE INDEPENDENT DR., STE. 3303 Street Address (P.O. 82 JACKSONVILLE FL 32202-5027 83 City 11. Pursuant to the provisions of sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation sub office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board 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 re OFFICERS AND DIRECTORS ADI 12. 13. 1.1 TITLE TITLE DELETE PINES. ALBERT 1.2 NAME NAME 7728 WHITE WILLOW 1.3 STREET ADDRESS STREET ADDRESS **SPRINGFIELD VA** 1.4 CITY-ST-ZIP CITY-ST-ZIP 21 TITLE TITLE CST DELETE NAME POWELL, MARGARET 2.2 NAME 3965 GADSDEN ROAD 2.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 2.4 CITY-ST-ZIP CITY-ST-ZIP 3.1 TITLE Change Addition TITLE DELETE STITES, DOUGLAS 3.2 NAME NAME 7512 EPSILON DR. 3.3 STREET ADDRESS STREET ADDRESS **ROCKVILLE MD 20879** 3.4 CITY-ST-ZIP CITY-ST-ZIP 4.1 TITLE Change Addition TITLE DELETE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP 5.1 TITLE Change Addition DELETE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ___ Addition TITLE DELETE 6 2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I 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 ennual report or suppliemental 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.

7-28-58