

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 25 AM 10:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **G76055** (4)

1. Corporation Name  
**AVESTA CORPORATION**

Principal Place of Business: **1645 PALM BEACH LAKES BLVD SUITE 1200 WEST PALM BEACH FL 33401 US**  
Mailing Address: **C/O JOHN WHITE II 1645 PALM BEACH LAKES BLVD SUITE 1200 WEST PALM BEACH FL 33401-2285 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/22/1983** 3a. Date of Last Report: **02/10/1994**  
4. FEI Number: **65-0154436** 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. 100.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 25, 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
**WHITE, JOHN II  
1645 PALM BEACH LAKES BLVD., SUITE 1200  
WEST PALM BEACH FL 33401**

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 607.0502 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HASSLACHER, RAINER
STREET ADDRESS	19747 OAKBROOK CIR #1200
CITY - ST - ZIP	BOCA RATON, FL 00000
TITLE	<del>H</del>
NAME	<del>HASSLACHER, RAINER</del>
STREET ADDRESS	<del>19747 OAKBROOK CIR #1200</del>
CITY - ST - ZIP	<del>BOCA RATON, FL 00000</del>
TITLE	VS
NAME	WHITE II, JOHN
STREET ADDRESS	1645 PALM BEACH LAKES BL
CITY - ST - ZIP	W. PALM BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Hasslacher, Rainer	
1.3 STREET ADDRESS	19747 Oakbrook Circle #1200	
1.4 CITY - ST - ZIP	Boca Raton, FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 in an attachment with an address.

SIGNATURE: *John White II* VP 04/19/95 (407) 686-3307  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR