

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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**

3. Date Incorporated or Qualified: **12/22/1983**
3a. Date of Last Report: **04/25/1995**
4. FEI Number: **65-0154436**
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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WHITE, JOHN II
1645 PALM BEACH LAKES BLVD., SUITE 1200
WEST PALM BEACH FL 33401**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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 shall be applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

DELETE

Change Addition

DELETE

Change Addition

DELETE

Change Addition

DELETE

Change Addition

DELETE

Change Addition

DELETE

Change Addition

12. OFFICERS AND DIRECTORS
TITLE: **DP**
NAME: **HASSLACHER, RAINER**
STREET ADDRESS: **19747 OAKBROOK CIR #1200**
CITY-ST-ZIP: **BOCA RATON, FL 00000**
TITLE: **T**
NAME: **HASSLACHER, RAINER**
STREET ADDRESS: **19747 OAKBROOK CIRCLE 1200**
CITY-ST-ZIP: **BOCA RATON FL**
TITLE: **VS**
NAME: **WHITE II, JOHN**
STREET ADDRESS: **1645 PALM BEACH LAKES BL**
CITY-ST-ZIP: **W. PALM BEACH FL**
TITLE: DELETE
NAME: DELETE
STREET ADDRESS: DELETE
CITY-ST-ZIP: DELETE
TITLE: DELETE
NAME: DELETE
STREET ADDRESS: DELETE
CITY-ST-ZIP: DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
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 119.07(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 on an attachment with an address.

SIGNATURE: *John White II VP*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09 JAN 96 (407) 686-5088
Date Daytime Phone #

CR2E034 (12/95)