

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Martin  
Secretary of State  
Division of Corporations

APPROVED  
AND  
FILED

95 MAY -1 AM 9:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K77112

(6)

1. Corporation Name

AVATAR CAMELOT ISLES, INC.

Principal Place of Business

255 ALHAMBRA CIR.  
9TH FL  
CORAL GABLES FL 33134

Mailing Address

255 ALHAMBRA CIR.  
9TH FL  
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**04/03/1989**      **04/20/1994**

4. FEI Number      Applied For  
**65-0150543**      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

7. This corporation has liability for intangible tax under S. 199-032.  
Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent

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

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 607.0505 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 requirements of Section 607.0505, Florida Statutes.

SIGNATURE

Printed Name of Registered Agent or Director

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
OFFICER/DIRECTOR	VTD MCNAIRY, CHARLES 255 ALHAMBRA CIR. CORAL GABLES FL	1. NAME 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	5. Change	6. Addition
OFFICER/DIRECTOR	VD GETMAN, DENNIS J. 255 ALHAMBRA CIR. CORAL GABLES FL	1. NAME 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	5. Change	6. Addition
OFFICER/DIRECTOR	SD KERRIGAN, JUANITA I. 255 ALHAMBRA CIR. CORAL GABLES FL	1. NAME 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	5. Change	6. Addition
OFFICER/DIRECTOR	P KOSZULINSKI, GEORG 255 ALHAMBRA CIR. CORAL GABLES FL	1. NAME 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	5. Change	6. Addition
OFFICER/DIRECTOR		1. NAME 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	5. Change	6. Addition
OFFICER/DIRECTOR		1. NAME 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	5. Change	6. Addition

14. I declare, orally, that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 101(c)(6), Florida Statutes. I further orally certify that the information contained in the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as made under oath. This document is filed for the corporation or the member or trustee empowered to receive the same as required by Chapter 607, Florida Statutes, and that my signature appears at Block 12 of Block 1 of the back page or on an attachment with an addendum.

SIGNATURE: *Juanita I. Kerrigan, Secretary*  
SIGNATURE AND TYPED OR PRINTED NAME OF BONDED OFFICER OR DIRECTOR  
*JUANITA I. KERRIGAN*

4/20/95 (305)442-7000