

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90037 025 ***158.75

DOCUMENT # K77112

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

04/03/1989

4. FEI Number

65-0150543

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 owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 201 Alhambra Circle

Suite, Apt. #, etc.

22 12th Floor

City & State

23 Coral Gables, Florida

Zip

24 33134

Country

25

2a. Mailing Address

26 201 Alhambra Circle

Suite, Apt. #, etc.

27 12th Floor

City & State

28 Coral Gables, Florida

Zip

29 33134

Country

30

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)

201 Alhambra Circle

83

12th Floor

84 City

Coral Gables

FL

85

Zip Code
33134

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME MCNAIRY, CHARLES
STREET ADDRESS 255 ALHAMBRA CIR.
CITY-ST-ZIP CORAL GABLES FL

TITLE VD ☐ DELETE

NAME GETMAN, DENNIS J.
STREET ADDRESS 255 ALHAMBRA CIR.
CITY-ST-ZIP CORAL GABLES FL

TITLE SD ☐ DELETE

NAME KERRIGAN, JUANITA I.
STREET ADDRESS 255 ALHAMBRA CIR.
CITY-ST-ZIP CORAL GABLES FL

TITLE T ☐ DELETE

NAME RAMA, MICHAEL
STREET ADDRESS 255 ALHAMBRA CIR.
CITY-ST-ZIP CORAL GABLES FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

201 Alhambra Circle 12th Floor
Coral Gables, Florida 33134

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

201 Alhambra Circle 12th Floor
Coral Gables, Florida 33134

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

201 Alhambra Circle 12th Floor
Coral Gables, Florida 33134

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

201 Alhambra Circle 12th Floor
Coral Gables, Florida 33134

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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, with all other like empowered.

SIGNATURE: By: Juanita I. Kerrigan JUANITA I. KERRIGAN 4/23/99 (305) 442-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)