

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90290 020 ***150.00

DOCUMENT # P10086

1. Entity Name
AVALON DEVELOPMENT COMPANY OF DELAWARE, INC.

Principal Place of Business C/O JLW NATIONSBANK TOWER, SUITE 2110 ONE FINANCIAL PLAZA FT. LAUDERDALE FL 33394	Mailing Address C/O JLW NATIONSBANK TOWER, SUITE 2110 ONE FINANCIAL PLAZA FT. LAUDERDALE FL 33394-0002
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 13001 Founders Square Dr.	3. Mailing Address 13001 Founders Square Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Orlando, FL	City & State Orlando, FL	4. FEI Number 59-2674292	Applied For <input type="checkbox"/> Not Applicable
Zip 32828	Country USA	Zip 32828	Country USA

6. Name and Address of Current Registered Agent JILL L. WUNDERLICH, P.A. C/O JLW NATIONSBANK TOWER, SUITE 2110 ONE FINANCIAL PLAZA FT. LAUDERDALE FL 33394	7. Name and Address of New Registered Agent Name Kahli Beat M. Street Address (P.O. Box Number is Not Acceptable) 13001 Founders Square Drive City Orlando FL Zip Code 32828
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS KAHLI, BEAT <input type="checkbox"/> Delete ONE FINANCIAL PLAZA, SUITE 2110 FT. LAUDERDALE FL 33394	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13001 Founders Square Dr. Orlando, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete VTAS KAHI, JILL ONE FINANCIAL PLAZA, SUITE 2110 FT. LAUDERDALE FL 33394	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D IMSENG, RAOUL DUFOURSTRASSE 29, CH-8008 ZURICH, SWITZERLAND	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with or other like empowered.

SIGNATURE: SIGNATURE RE BEAT Kahl **Kahli** 4/10/00 407-658-6565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)