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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # P17866** 

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**FILED** 

May 16 1997 8:00am

Secretary of State

AVATAR FINANCE, INC.  Principal Place of Business  255 ALHAMBRA CIRCLE 9TH FL. CORAL GABLES FL 33134-5102.  Mailing Address  255 ALHAMBRA CIRCLE 9TH FL. CORAL GABLES FL 33134-7412			1-7412						
		•				3. Date Incorporated or Qualified 02/02/1988	3a. Date of Last Re 05/01/1996	eport	
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		plied For	
21		26				65-0030552		t Applicable	
Sulte, Apt. 4	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	<b>★ \$8.75</b> A Fee Re		
City & State	<del></del>	City & State	1			6. Election Campaign Financing	\$5.00	<del> </del>	
23		28					Added t		
Zip	Country	Zιρ	<u> </u>	ountry		8. This corporation has liability for into		. 199.032,	
24	25 Same and Address of Curre	29] ent Registered Agent	30	7-		Florida Statutes  10. Name and Address of New Regis	Yes No		
YEDI	RIGAN, JUANITA I.			81	Name	10.			
	ALHAMBRA CIRCLE		:	62	Stroot A	ddress (P.O. Box Number is Not Acceptable	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
9TH				DE	SHEELA	duress (r.o. box Number is Not Acceptable	,		
COR	AL GABLES FL 33134		:	83					
				84	City		<b>85</b> Zip (	Code	
	10-4 607.0	00 1007 4500 Florido Plat	1 - 41 -			and the submits this statement for the sur	FL 3 Zip (	o registered	
office or re	egistered agent, or both, in the Sta	te of Florida. Such change was	authoriz	ed by	the corpo	corporation submits this statement for the pur pration's board of directors. I hereby accept t	the appointment as	registered	
	m lamiliar with, and accept the obl	gations of, Section 607.0505, F	lorida Şi	tatutes	i.				
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable (NO	TE: Regis	ered Age	int signature f	equited when reinslating)	DATE		
12.	OFFICERS A	ND DIRECTORS	13	• • • • • • • • • • • • • • • • • • • •		ADDITIONS/CHANGES TO OFFICE		S IN 12	
TITLE	T	DELETE	- 1	TITLE		T	☐ Change	Addition	
NAME	SOPSHIN, JEFFREY			NAME		COLDITZ, LAWRENCE L. 255 ALHAMBRA CIR.			
STREET ADDRESS	255 ALHAMBRA CIR. CORAL GABLES FL				ADDRESS	CORAL GABLES, FL 33134			
CITY-ST-ZIP	VD	DELETE		CITY-S	1-28		☐ Change	Addition	
NAME	GETMAN, DENNIS J.			NAME	ŀ				
STREET ADDRESS	255 ALHAMBRA CIR.		2,3	STREET	ADDRESS				
CITY-ST-ZIP	CORAL GABLES FL		2	4 CHY-	ST - ZIP				
TITLE	-99-	DELETE	3,1	TITLE		VSD	X Change	Addition	
NAME	KERRIGAN, JUANITA		3,2	NAME					
STREET ADDRESS	255 ALHAMBRA CIR.				ADDRESS				
CITY-ST-ZIP	CORAL GABLES FL PD	☐ DELETE		CITY-	ST-ZIP		Change	Addition	
TITLE NAME	MCNAIRY, CHARLES			IIIRE 2 NAME			L. Vitalige	A00/(IOI)	
STREET ADDRESS	255 ALHAMBRA CIR.				ADDRESS				
CITY-ST-ZIP	CORAL GABLES FL			CITY-5	- 1				
TITLE	V	DELETE		TITLE			☐ Change	Addition	
NAME	CHURCHILL, ROBERT		5,2	NAME					
STREET ADDRESS	255 ALHAMBRA CIR.		5,3	STREET	ADDRESS				
CITY - ST - ZIP	CORAL GABLES FL	TI DECETE		CITY-S	1 - ZIP		Dhann:	T Applica-	
TITLE		☐ DELETE		TITLE			☐ Change	Addition	
NAME OZOCCZ ADDOCCC				NAME	*UDDice				
STREET ADDRESS				S STREET S CITY-S	ADDRESS				
14, I do heret	by certify that the information supp	lied with this filing does not qua	lify for th	те ехе	mption st	ated in Section 119.07(3)(i), Florida Statutes	I further certify that	the	
informatio I am an of	n Indicated on this annual report o	r supplemental annual report is or the receiver or trustee empo	true an wered b	d accı	irate and	that my signature shall have the same legal e eport as required by Chapter 607, Florida Sta	effect as it made un	ider oath: tha	