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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P17866

(5)

AVATAR FINANCE, INC.

	F	ILED	
May	14	1998	8:00am
Sec	ret	ary of	State

Principal Place of Business Mailing Address				INT DIĞIL ALBIN DIBIL DIDIR ALBIN HADI		
255 ALHAMBE	RA CIRCLE	255 ALHAMBRA CIRCLE				
9TH FL. CORAL GABLES FL 33134-5102		9TH FL. CORAL GABLES FL 33134	LE109	DO NOT WRITE IN	DO NOT WRITE IN THIS SPACE	
CONNE CABL	ED LE 30104-0108	OURAL GABLES TE SOIST	-3102	3. Date Incorporated or Qualified		
				02/02/1988		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0030552	Not Applicable	
Sulte, Apt.	#, etc.	Suite, Apt. #, étc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
City & State	0	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the	ne current year Intangible	
24	25		30	Personal Property Tax due Jurie 30.		
	g, Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Regist	ered Agent	
	RRIGAN, JUANITA I.		81 Name			
	ALHAMBRA CIRCLE		82 Street A	Address (P.O. Box Number is Not Acceptable)		
	1 FL		83			
CO	RAL GABLES FL 33134		63			
			84 City		FL 85 Zip Code	
11 Pursuant	to the provisions of Sections 607.05	02 and 607 1508. Floride Statuto	s the above-named	corporation submits this statement for the purp	·	
office or r	egistered agent, or both, in the Stat	e of Florida Such change was a	uthorized by the corp	oration's board of directors. I hereby accept the	e appointment as registered	
-	m tamiliar with, and accept the onlig	gations of, Section 607,0505, Flor	rida Statutes			
SIGNATURE	Signature, typed or printed name of registered as	yest and fit of applicable (NOTE	Registered Agent signature	required when reinstaling)	DATE	
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12	
TITLE	VSD	DELETE	1.1 TITLE		Change Addition	
NAME	COLDITZ, LAWRENCE L		1.2 NAME			
STREET ADDRESS	255 ALHAMBRA CIR.		1.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP			
TITLE	VD	☐ DELETE	2.1 7/fLE		Change Addition	
NAME	GETMAN, DENNIS J.		2.2 NAME			
STREET ADDRESS	255 ALHAMBRA CIR.		2.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL	DELETE	2.4 CITY-ST-ZIP		Chongs Addition	
TITLE	SD KEDDIGAN MIANITA	☐ nerfig	3.1 TITLE	VSD	Change Addition	
NAME OTREST ADDRESS	KERRIGAN, JUANITA 255 ALHAMBRA CIR.		3.2 NAME			
STREET ADDRESS	CORAL GABLES FL		3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	PD PD	☐ DELE1E	3.4. CITY-ST-ZIP		Change Addition	
NAME	MCNAIRY, CHARLES	LJ OLLLI	4.1 HILE		Change Chagmon	
}	255 ALHAMBRA CIR.		4.3 STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	CORAL GABLES FL		4.4 CITY - ST - ZIP			
TITLE	V V	DELETE	5.1 TITLE		Change Addition	
NAME	CHURCHILL, ROBERT		5.2 NAME			
STREET ADDRESS	255 ALHAMBRA CIR.		5.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL		5.4 City - ST - ZIP			
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			62 NAME		. —	
STREET ADDRESS			63 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			
44 haraba -	and the state of t	50 11 1 600 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	the second second	d in Continu 410 07/9V/) Florida Ctatutas I furti	6	

14. I hereby certify that the information supplied with this filling 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 suppliemental 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 atlachment with an address.

Servitora

ulzolas

(205) VUZ-7000