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

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



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

POCUMENT # P9300050874 (5)

	AVATAR HARBOR ISLAND	OS, INC.					
	Principal Place of Business	Mailing Address		E YADOLOGO IIA 1819A ISHIN BAYN BALIN BANIN BANAN BANA			
	255 ALHAMBRA CIRCLE 8TH FLOOR CORAL GABLES FL 33134	P.O. BOX <b>026000</b> Miami Fl. 33102 US		DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualified 07/15/1993			
	2. Principal Place of Business	2a. Mailing Address		4. FEI NumberApplied F			
	21	26		65-0437236 Not Applic			
	Sulte, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Addition Fee Required			
	City & State	City & State		6. Election Campaign Financing \$5.00 May B Trust Fund Contribution  Added to Fees			
	Zip Country 24 25	/ Zτρ Co	ountry	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.			
	9. Name and Addres	ss of Current Registered Agent	10. Name and Address of New Registered Agent				
	KERRIGAN, JUANITA I 255 ALMAMBRA CIRCLE CORAL GABLES FL 3313	34	81 Name 82 Street Add 83	dress (P.O. Box Number is Not Acceptable)			
٠	1		84 City	85 Zip Code			

## **FILED** May 14 1998 8:00am Secretary of State



Applied For Not Applicable \$8.75 Additional

Fee Required \$5.00 May Be Added to Fees

<b>'</b>		~										
			84	City		FL	85 Z	ip Code				
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 regist 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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.												
SIGNATURE Signature, typed or profiled name of registered agent and tide if applicable (NOTE Registered Agent signature required when reinstalling)  DATE												
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECT	ORS IN 12				
TITLE	T	DELETE	1.1 TITLE				Chang	e Addition				
NAME I	ZALKIN, HENRY		1.2 NAME					į				
STREET ADDRESS	255 ALHAMBRA CIRCLE 8TH FLOOR		1.3 STREET	ADDRESS .				İ				
CITY-ST-ZIP	CORAL GABLES FL		1.4 CiTY - S	ST-ZIP								
TITLE	VO .	DELETE	21 TITLE				Chang	e Addition				
NAME	GETMAN, DENNIS J		2.2 NAMÉ					1				
STREET ADDRESS	255 ALHAMBRA CIRCLE 8TH FLOOR		2.3 STREET	ADDRESS								
_CITY-ST-ZIP	CORAL GABLES FL 33134		2. 4 CITY-	ST-ZIP				]				
TITLE	PD	DELETÉ	3.1 TITLE		100		Chang	e 🔲 Addition				
NAME	MCNAIRY, CHARLES L		3.2 NAME									
STREET ADDRESS	255 ALHAMBRA CIRCLE 8TH FLOOR		3.3 STREET	ADDRESS				į				
CITY-ST-ZIP	CORAL GABLES FL 33134		3.4. CITY-	ST-ZIP								
TITLE	SO	☐ DELETE	4.1 TITLE		VSD	[	X Chang	e 🔲 Addition				
NAME	K <b>e</b> rrigan, Juanita		4. 2 NAME					f				
STREET ADDRESS	255 ALHAMBRA CIRCLE 8TH FLOOR		4.3 STREET	ADDRESS								
CITY-ST-ZIP	CORAL GABLES FL 33134		4.4 CITY-S	T-ZIP								
TITLE		☐ DELETE	5.1 TITLE			[	_} Chang	e 🔲 Addition				
NAME			5.2 NAME					į				
STREET ADDRESS			5.3 STREET	ADDRESS								
CITY-ST-ZIP			5.4 CITY - S	7-ZIP								
TITLE		DELETE	6.1 TITLE			į	Chang	e 🔲 Addition				
NAME			6.2 NAME					İ				
STREET ADDRESS			6.3 STRE€T	ADDRESS								
CITY-ST-ZIP			6.4 CITY - S									
14. Thereby 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 on 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 altachment with an address.												