


May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000050874 (5)					
1. Corporation Name AVATAR HARBOR ISLANDS, INC.					
Principal Place of Business 255 ALHAMBRA CIRCLE 8TH FLOOR CORAL GABLES FL 33134			Mailing Address P.O. BOX 026000 MIAMI FL 33102 US		
2. Principal Place of Business		2a. Mailing Address			
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.			
22. City & State		27. City & State			
23. Zip		25. Country		28. Zip	
24. Country		29. Country		30. Country	
9. Name and Address of Current Registered Agent					
KERRIGAN, JUANITA I 255 ALHAMBRA CIRCLE CORAL GABLES FL 33134				81. Name	
				82. Street Address	
				83. City	
				84. City	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida, Such change was authorized by the corporate 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)					
12. OFFICERS AND DIRECTORS					
1. TITLE		T		<input type="checkbox"/> DELETE	
2. NAME		ZALKIN, HENRY			
3. STREET ADDRESS		255 ALHAMBRA CIRCLE 8TH FLOOR			
4. CITY-ST-ZIP		CORAL GABLES FL			
5. TITLE		VD		<input type="checkbox"/> DELETE	
6. NAME		GETMAN, DENNIS J			
7. STREET ADDRESS		255 ALHAMBRA CIRCLE 8TH FLOOR			
8. CITY-ST-ZIP		CORAL GABLES FL 33134			
9. TITLE		PD		<input type="checkbox"/> DELETE	
10. NAME		MCNAIRY, CHARLES L			
11. STREET ADDRESS		255 ALHAMBRA CIRCLE 8TH FLOOR			
12. CITY-ST-ZIP		CORAL GABLES FL 33134			
13. TITLE		SD		<input type="checkbox"/> DELETE	
14. NAME		KERRIGAN, JUANITA			
15. STREET ADDRESS		255 ALHAMBRA CIRCLE 8TH FLOOR			
16. CITY-ST-ZIP		CORAL GABLES FL 33134			
17. TITLE				<input type="checkbox"/> DELETE	
18. NAME					
19. STREET ADDRESS					
20. CITY-ST-ZIP					
21. TITLE				<input type="checkbox"/> DELETE	
22. NAME					
23. STREET ADDRESS					
24. CITY-ST-ZIP					
25. TITLE				<input type="checkbox"/> DELETE	
26. NAME					
27. STREET ADDRESS					
28. CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in S indicated on this annual report or supplemental annual report is true and accurate and that my signature officer or director of the corporation or the receiver or trustee empowered to execute this report as required Block 12 or Block 13 if changed, or on an attachment with an address.					