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May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000040019 (9)

1. Corporation Name
AVALON ASSOCIATES, INC.



Principal Place of Business

2401 E ATLANTIC BLVD
SUITE 410
POMPANO BEACH FL 33062

Mailing Address

2401 E ATLANTIC BLVD
SUITE 410
POMPANO BEACH FL 33062-5286

2. Principal Place of Business

21 3921 SW 47 AVE

Suite, Apt. #, etc.

22 1010

City & State

23 DAVIC

Zip

24 33314

Country

25 BROWARD

2a. Mailing Address

26 P.O. BOX 292037

Suite, Apt. #, etc.

27

City & State

28 DAVIC FL

Zip

29 33329

Country

30 USA

3. Date Incorporated or Qualified

05/27/1994

3a. Date of Last Report

02/16/1996

4. FEI Number

65-0505236

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

PORTLEY, PETER
2401 E ATLANTIC BLVD
SUITE 410
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip 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 registered 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 registered 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 when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME OLIVER, ALISON
STREET ADDRESS 2401 E ATLANTIC BLVD SUITE 410
CITY-ST-ZIP POMPANO BEACH FL 33062

☐ DELETE

TITLE D
NAME MARCELLINO, CHRISTINE
STREET ADDRESS 2401 E ATLANTIC BLVD SUITE 410
CITY-ST-ZIP POMPANO BEACH FL 33062

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT
1.2 NAME OLIVER, ALISON
1.3 STREET ADDRESS 3921 SW 47 AVE
1.4 CITY-ST-ZIP DAVIC FL 33314

☒ Change ☐ Addition

2.1 TITLE VP. TREASURER, SEC.
2.2 NAME FORMAN, CHRISTINE
2.3 STREET ADDRESS 3921 SW 47 AVE
2.4 CITY-ST-ZIP DAVIC FL 33314

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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 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 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 attachment with an address.

SIGNATURE:

Christine Marcellino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97
Date

581-1220
Daytime Phone #

CR2E034 (9/96)