

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

FILED

Mar 04 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 # P95000008615 (3)

1. Corporation Name
AVALON CUSTOM HOMES, INC.



Principal Place of Business

8660 ASTRONAUT BLVD
STE 2
CAPE CANAVERAL FL 32920
US

Mailing Address

8660 ASTRONAUT BLVD
STE 2
CAPE CANAVERAL FL 32920-4306
US

3. Date Incorporated or Qualified
01/27/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 8660 ASTRONAUT BLVD
Suite, Apt. #, etc
22 SUITE 206
City & State
23 CAPE CANAVERAL, FL
Zip Country
24 32920 25 U.S.A.

2a. Mailing Address

26 8660 ASTRONAUT BLVD.
Suite, Apt. #, etc
27 SUITE 206
City & State
28 CAPE CANAVERAL, FL
Zip Country
29 32920 30 U.S.A.

4. FEI Number

59-3287929

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

BERGER, ARTHUR W. JR.
8660 ASTRONAUT BLVD
STE 2
CAPE CANAVERAL FL 32920

10. Name and Address of New Registered Agent

81 Name ARTHUR W. BERGER, JR.
82 Street Address (P.O. Box Number is Not Acceptable)
8660 ASTRONAUT BLVD.
83 SUITE 206
84 City CAPE CANAVERAL FL 85 Zip Code 32920

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: ARTHUR W. BERGER, JR. 1-20-97

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	<input type="checkbox"/> DELETE
NAME	BERGER, ARTHUR W JR.	
STREET ADDRESS	8660 ASTRONAUT BLVD STE 2	
CITY- ST- ZIP	CAPE CANAVERAL FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JOVAN J. BARZELATTO	
STREET ADDRESS	8660 ASTRONAUT BLVD STE 2	
CITY- ST- ZIP	CAPE CANAVERAL FL	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	PAMELA A. PARKER	
STREET ADDRESS	8660 ASTRONAUT BLVD STE 2	
CITY- ST- ZIP	CAPE CANAVERAL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BERGER, ARTHUR W. JR.	
1.3 STREET ADDRESS	8660 ASTRONAUT BLVD, SUITE 206	
1.4 CITY- ST- ZIP	CAPE CANAVERAL, FL 32920	
2.1 TITLE	D V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BARZELATTO, JOVAN J.	
2.3 STREET ADDRESS	8660 ASTRONAUT BLVD, SUITE 206	
2.4 CITY- ST- ZIP	CAPE CANAVERAL, FL 32920	
3.1 TITLE	D ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PARKER, PAMELA A.	
3.3 STREET ADDRESS	8660 ASTRONAUT BLVD, SUITE 206	
3.4 CITY- ST- ZIP	CAPE CANAVERAL, FL 32920	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARTHUR W. BERGER, JR. 1-20-97 866-5040

Date

Daytime Phone #

CR2E034 (9/96)