## FILE NOW: FILING FEE AFTER MAY 1-1S \$550.00

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

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000051801 (4)

USA FAMILY HOMES, INC.

Principal Place of Business Mailing Address



167 黑 23 福士65

SEGNETHRY OF STATE VALLAHASSEE, FEGNISE

| 255 ALHAMBR/<br>CORAL GABLE                    |  | 255 ALHAMBRA CIRCLE<br>CORAL GABLES FL 33134-7411                |                            |   |   |  |                 |                |                  |  |
|--|--|--|----------------------------|---|---|--|-----------------|----------------|------------------|--|
|  |  |  |                            |   |   | 3. Date Incorporated or Qualified 06/17/1996   | <b>3a.</b> Da   | to of Las      | st Report        |  |
| 2. Principal P                                 | Place of Business  | 2s. Mailing Address  |                            |   | 4. FEI Number   | .1   |                 | Applied For    |                  |  |
| 21   |  | [26]   |                            |   | )   |  |                 | Not Applicable |                  |  |
| Suite, Apt. #, etc.                            |  | Suite, Apt. #. etc.<br>27  |                            |   | 5, Certificate of Status Desired  | \$8.75 Additional Fee Required                 |                 |                |                  |  |
| City & State                                   | de   | City & State   |                            |   | <ol><li>Election Campaign Financing<br/>Trust Fund Contribution</li></ol> | \$5.00 May Be                                  |                 |                |                  |  |
| Zip •  | • 25 29 30   |  |                            | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |   |  |                 |                |                  |  |
|  | p. Name and Address of Curre   | nt Registered Agent  |                            | 1   |   | 10. Name and Address of New Re                 | stered /        | Agent          |                  |  |
|  | RIGAN, JUANITA I   |  |                            | B1  | Name  |  |                 |                |                  |  |
| ' 255 ALHAMBRA CIRCLE<br>CORAL GABLES FL 33134 |  |  |                            | 62  | Street Add  | al Address (P.O. Box Number is Not Acceptable) |                 |                |                  |  |
|  |  |  |                            | 83  |   |  |                 |                |                  |  |
|  |  |  | Ì                          | 84  | City  |  | FL              | <b>85</b> 7    | ip Code          |  |
| 11, Pursuant                                   | to the provisions of Sections 607.050  | 02 and 607,1508, Florida Statu                                   | ites, the ab               | ove   | named corp  | poration submits this statement for the p      | urpase of       | changin        | g its registered |  |
| office or r<br>agent. I a                      | registered agent, or both, its the State<br>am familiar with, and accept the oblig | e of Florida. Such change was<br>jations of, Section 607.0505, F | authorizec<br>Iorida Stati | i by<br>Jiles   | the corpora   | dion's board of directors. Thereby accept      | ot the app      | ointment       | as registered    |  |
| SIGNATURE                                      |  |  |                            |   |   |  |                 |                |                  |  |
|  | Signature, typed or printed name of registered ag                                  | cert and title if applicable (60<br>ID-DIRECTORS                 |                            | Age   | it signature requi  | ired when reinstating)                         | DATE            |                | 650              |  |
| 12.  | OFFICERS AN  | DUTTE  | 13.<br>1.1 Tu              |   |   | ADDITIONS/CHANGES TO OFFICE                    | ERS AND         | Chang          |                  |  |
| NAME   | CARLSON, GARY L  |  | 1.2 NA                     |   | ĺ   | <sup>PD</sup> 5000022                          | 50:             | 389            | 53               |  |
| STREET ADDRESS                                 | 255 ALHAMBRA CIRCLE  |  |                            |   | ADDRESS   | -07/29/9                                       | 370             | 1053-          | 005              |  |
| CITY-ST-ZIP                                    | CORAL GABLES FL 33134  |  | 1.4 CIT                    | <br>Y - \$!   | 1- <b>2</b> 0   | ****1 <b>7</b> 3                               | 3.75            | ***            | 173.75           |  |
| TITLE  | -0-  | DELETE   | 21141                      | Lf  |   | DV   |                 | Chang          | ge Addition      |  |
| NAME   | GETMAN, DENNIS J   |  | 2.2 NA                     | ME  |   | •••  |                 |                |                  |  |
| STREET ADDRESS                                 | 255 ALHAMBRA CIRCLE  |  | 23 ST                      | REF   | ADDRESS   |  |                 |                |                  |  |
| CITY-ST-ZIP                                    | CORAL GABLES FL 33134  | DELETE   | 2.4 Ci                     |   |   |  | <del></del>     | I T Chron      | a Tadabaa        |  |
| TITLE  | MCNAIRY, CHARLES L   | [_] DELETE   | 3.1 117                    |   |   | V/T  |                 | <b>X</b> Chang | ge Addition      |  |
| NAME<br>STREET ADDRESS                         | 255 ALHAMBRA CIRCLE  |  | 3.2 NA                     |   | ADDRESS   |  |                 |                |                  |  |
| CITY-ST-ZIP                                    | CORAL GABLES FL 33134  |  | 3.4 Ci                     |   |   |  |                 |                |                  |  |
| TITLE  |  | DELETE   | 4.1 T/I                    |   | J. 611  | m  |                 | Chang          | ge 🙀 Addition    |  |
| NAME <b>*</b>                                  |  |  | 4.2 NA                     | ME  |   | COLDITZ, LAWRENCE L.                           |                 |                | ^                |  |
| STREET ADDRESS                                 |  |  | 4 3 516                    | REEL  | ADDRESS   | 255 ALHAMBRA CIR.                              |                 |                |                  |  |
| CITY- N - ZIP                                  |  |  | 4 4 C·1                    | y - \$1   | -7IP  | CORAL GABLES, FL 331.3                         | 34              |                |                  |  |
| TITLE  |  | ☐ DELFTE   | 511(7)                     | ŀ   |   | S  |                 | Chang          | ge 😾 Addition    |  |
| NAME   |  |  | 5.2 NA                     | ME  |   | KERRIGAN , JUANITA I.                          |                 |                |                  |  |
| STREET ADDRESS                                 |  |  |                            |   | ADDRESS   | 255 ALHAMBRA CIR.                              | R.A             |                |                  |  |
| CITY-ST-ZIP                                    |  | NI COLORE  | 5.4 Cil                    |   | T-21P   | CORAL GABLES, FL 3313                          | ) <del>''</del> | F 1 65.        |                  |  |
| TITLE  |  | DELETE   | 6.1 111                    |   | Ì   |  |                 | L Chang        | Pe               |  |
| NAME   |  |  | 6.2 NA                     |   | IDDOLOG   |  |                 | J <b>ı</b> '   | 6/201            |  |
| STREET ADDRESS                                 |  |  |                            |   | ADDRESS   |  |                 | - 12           | hor              |  |
| CITY-ST-7IP                                    |  |  | 6.4 CI1                    | Y - \$1   | I-ZIP   | 11. C-11-110 07/0V2 Elver Del 1-1              | 1.4 -11         |                | **               |  |

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 arrival report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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

## **AVATAR**



July 16, 1997

Florida Department of State Division of Corporations Annual Reports Section P.O. Box 1500 Tallahassee, Fl 32302-1500

## Gentlemen:

We recently received second notices for the 1997 Florida Corporation Annual Reports for Avatar New Homes of Florida, Inc., #P96000051799, and USA Family Homes, Inc., #P96000051801. The notices had dates of May 27, 1997; however, we got these notices a week ago. We inserted the FEI number on the reports and are returning them.

We are respectfully requesting abatement of the \$385.00 late fee penalty because we did not get the notices in time to respond by June 26. We also have an excellent reporting history with all our other 46 corporations that we file annual reports for every year.

If you need any additional information, you may contact me at (305) 442-7000, ext. 470. Thank you for your consideration in this matter.

Sincerely,

Martha Garrido Tax Department

Encl.

Certified Letter #P060-656-595