

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 998000071846

1. Corporation Name

The Avatar Group Holding, Inc.

Principal Place of Business

Mailing Address

One Independent Drive  
Suite #3303  
Jacksonville, FL 32202

Same

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99 SEP 22 PM 2:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05/08/99 90024 034 #158.75

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 n/a  
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30  
9. Name and Address of Current Registered Agent

Patricia Vail  
One Independent Drive  
Suite #3303  
Jacksonville, FL 32202-5027

10. Name and Address of New Registered Agent

81 Name  
Sally J. Kircher  
82 Street Address (P.O. Box Number is Not Acceptable)  
One Independent Drive, Suite #3303  
83  
84 City  
Jacksonville FL 85 Zip Code  
32202

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 Sally J. Kircher

(NOTE: Registered Agent signature required when reinstating)

9/20/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE	President & Director	<input type="checkbox"/> DELETE
NAME	Albert Pines	
STREET ADDRESS	7728 White Willow Court	
CITY-ST-ZIP	Springfield, VA 22153-2147	
TITLE	Secretary/Treasurer&Director	<input type="checkbox"/> DELETE
NAME	Margaret Powell	
STREET ADDRESS	3965 Gadsden Drive	
CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Douglas Stites	
STREET ADDRESS	7512 Epsilon Drive	
CITY-ST-ZIP	Rockville, Maryland	
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	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	David Weiner	
1.3 STREET ADDRESS	52 Brookview Terrace	
1.4 CITY-ST-ZIP	Hillsdale, NJ 07642-1215	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/15/99 9043568415  
Date Daytime Phone #

CR2E034 (11/98)