

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 179616 (8)

1. Corporation Name  
**LAS OLAS APARTMENTS, INC.**



Principal Place of Business Mailing Address  
**% RICHARD P KIEP  
238 WINTHROP AVE  
ELMHURST IL 60126**

3. Date Incorporated or Qualified **07/12/1954** 3a. Date of Last Report **03/16/1995**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country  
24 25 29 30

4. FEI Number **59-0998954** 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**

**10. Name and Address of New Registered Agent**

**ADELMANN, M.E.  
UNIT #C2  
2 HENDRICKS ISLE  
FT LAUDERDALE FL 33301**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KUHAR, LUDWIG</b>	1.2 NAME	
STREET ADDRESS	<b>611 CAMPBELL</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>JOLIET IL</b>	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ADELMANN, M. E.</b>	2.2 NAME	
STREET ADDRESS	<b>2 HENDRICKS ISLE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FT LAUDERDALE FL</b>	2.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KIEP, RICHARD P.</b>	3.2 NAME	
STREET ADDRESS	<b>238 WINTHROP AVE.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ELMHURST IL</b>	3.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAMMOND, PAUL S.</b>	4.2 NAME	
STREET ADDRESS	<b>6185 WOODBURY RD</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BOCA RATON FL</b>	4.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KATSIVALIS, HELEN</b>	5.2 NAME	
STREET ADDRESS	<b>17 W061 WOODLAND AVE.</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BENSENVILLE IL</b>	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Richard P Kiep* **RICHARD P KIEP** 2-16-96 Date Daytime Phone #

CR2E034 (12/95)