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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 # 179616 (8)  
1. Corporation Name  
LAS OLAS APARTMENTS, INC.



Principal Place of Business Mailing Address  
% RICHARD P KIEP 238 WINTHROP AVE ELMHURST IL 60126  
% RICHARD P KIEP 238 WINTHROP AVE ELMHURST IL 60126-3317

3. Date Incorporated or Qualified 07/12/1954  
3a. Date of Last Report 02/26/1996

2. Principal Place of Business 2a. Mailing Address  
21 c/o PETER J. KIEP 26 c/o PETER J. KIEP  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 3643 ALTA VISTA AVE. 27 3643 ALTA VISTA AVE.  
City & State City & State  
24 95409 25 USA 29 95409 30 USA  
Country Country

4. FEI Number 59-0998954 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing \$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  
ADELMANN, M.E.  
UNIT #C2  
2 HENDRICKS ISLE  
FT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent  
81 Name NILES, MAXINE  
82 Street Address (P.O. Box Number Is Not Acceptable) UNIT #C2  
83 2 HENDRICKS ISLE  
84 City FORT LAUDERDALE FL 85 Zip Code 33301

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 Maxine E. Niles DATE 4/20/97

12. OFFICERS AND DIRECTORS

TITLE	VD	NAME	KUHAR, LUDWIG	DELETED
STREET ADDRESS	611 CAMPBELL	CITY - ST - ZIP	JOLIET IL	
TITLE	D	NAME	ADELMANN, M. E.	DELETED
STREET ADDRESS	2 HENDRICKS ISLE	CITY - ST - ZIP	FT LAUDERDALE FL	
TITLE	SD	NAME	KIEP, RICHARD P.	DELETED
STREET ADDRESS	238 WINTHROP AVE.	CITY - ST - ZIP	ELMHURST IL	
TITLE	PD	NAME	HAMMOND, PAUL S.	DELETED
STREET ADDRESS	6185 WOODBURY RD	CITY - ST - ZIP	BOCA RATON FL	
TITLE	TD	NAME	KATSIVALIS, HELEN	DELETED
STREET ADDRESS	17 W061 WOODLAND AVE.	CITY - ST - ZIP	BENSENVILLE IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/D	1.2 NAME	HARTMANN, KAREN	Change Addition
1.3 STREET ADDRESS	8157 UXBRIDGE DR.	1.4 CITY - ST - ZIP	ORLAND PARK, IL 60462	
2.1 TITLE	S/D	2.2 NAME	KIEP, PETER	Change Addition
2.3 STREET ADDRESS	3643 ALTA VISTA AVE.	2.4 CITY - ST - ZIP	SANTA ROSA CA 95409	
3.1 TITLE	P/D	3.2 NAME	MAZZUCCO, WILLIAM	Change Addition
3.3 STREET ADDRESS	1351 MAIN ST.	3.4 CITY - ST - ZIP	CHATHAM, MA 02633	
4.1 TITLE	D	4.2 NAME	NILES, MAXINE	Change Addition
4.3 STREET ADDRESS	2 HENDRICKS ISLE UNIT #C2	4.4 CITY - ST - ZIP	FORT LAUDERDALE, FL 33301	
5.1 TITLE		5.2 NAME		Change Addition
5.3 STREET ADDRESS		5.4 CITY - ST - ZIP		
6.1 TITLE		6.2 NAME		Change Addition
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: Peter J. Kiep PETER J. KIEP DATE 4/20/97 (707)525-8221

CR2E034 (9/96)