

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

FILED

**Apr 30 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

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



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
C/O PETER J KIEP 3643 ALTA VISTA AVE
3643 ALTA VISTA AVE
SANTA ROSA CA 95409 US
SANTA ROSA CA 95409 US

3. Date Incorporated or Qualified
07/12/1954

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

4. FEI Number Applied For
59-0998954 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**NILES, MAXINE
UNIT #C2
2 HENDRICKS ISLE
FT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent
81 Name **HAMMOND, PAUL**
82 Street Address (F.O. Box Number is not acceptable) **6185 WOODBURY ROAD**
83
84 City **BOCA RATON** FL 85 Zip Code **33433**

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 **PAUL S. HAMMOND** Signature typed or printed name of registered agent and title of appointee (If title of Registered Agent is required when reinstating)
DATE **4/13/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTMAN, KAREN	1.2 NAME
STREET ADDRESS	8157 UXBRIDGE DR	1.3 STREET ADDRESS
CITY-ST-ZIP	ORLAND PARK IL	1.4 CITY-ST-ZIP
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIEP, PETER	2.2 NAME
STREET ADDRESS	3643 ALTA VISTA AVE	2.3 STREET ADDRESS
CITY-ST-ZIP	SANTA ROSA CA	2.4 CITY-ST-ZIP
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAZZUCCO, WILLIAM	3.2 NAME
STREET ADDRESS	1351 MAIN ST	3.3 STREET ADDRESS
CITY-ST-ZIP	CHATHAM MA	3.4 CITY-ST-ZIP
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NILES, MAXINE	4.2 NAME HAMMOND, PAUL
STREET ADDRESS	2 HENDRICKS ISLE UNIT #C2	4.3 STREET ADDRESS 6185 WOODBURY RD.
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP BOCA RATON, FL 33433
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATSIVALIS, HELEN	5.2 NAME
STREET ADDRESS	17 W061 WOODLAND AVE.	5.3 STREET ADDRESS
CITY-ST-ZIP	BENSENVILLE IL	5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME KUHAR, LUDWIG
STREET ADDRESS		6.3 STREET ADDRESS 901 SHERWOOD PL.
CITY-ST-ZIP		6.4 CITY-ST-ZIP JOLIET, IL 60435

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.

SIGNATURE **Peter J Kiep** **Paul S Hammond**

CR2E034 (10/97)