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Mar 11, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 179616

1. Corporation Name
LAS OLAS APARTMENTS, INC.



DO NOT WRITE IN THIS SPACE

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

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

3. Date Incorporated or Qualified
07/12/1954

2. Principal Place of Business
LAS OLAS APARTMENTS, INC
C/O WILLIAM MAZZUCCO
2120 WENDRICKS ISLE
APT. F1

2a. Mailing Address
 Suite, Apt. #, etc.
2120 WENDRICKS ISLE
APT. F1

4. FEI Number
59-0998954

Applied For
 Applied For
 Not Applicable

23. City & State
BOCA RATON FL

28. City & State
BOCA RATON FL

24. Zip
33301

25. Country
FLORIDA

29. Zip
33301

30. Country
FLORIDA

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 the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAMMOND, PAUL
6185 WOODBURY RD
BOCA RATON FL 33433

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" 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	21P 60462
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" 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	21P 95409
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" 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	21P 02633
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMMOND, PAUL	4.2 NAME	D
STREET ADDRESS	6185 WOODBURY RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATSIVALIS, HELEN	5.2 NAME	
STREET ADDRESS	17 W061 WOODLAND AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SENSVILLE IL	5.4 CITY-ST-ZIP	21P 60106
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUHAR, LUDWIG	6.2 NAME	VD
STREET ADDRESS	901 SHERWOOD PL	6.3 STREET ADDRESS	NILES, RONALD
CITY-ST-ZIP	JOLIET IL 60435	6.4 CITY-ST-ZIP	5237 BERNEDEA DR.
			FLINT, MI 48506

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:

Peter J. Kiep
 SECRETARY

2/16/99 (107) 525-8221
 Date Daytime Phone #

CR2E034 (1/198)