

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 # 666291

(0)

1. Corporation Name

LAS OLAS REALTY, INC.



Principal Place of Business

500 DESOTA DRIVE
FT LAUDERDALE FL 33301

Mailing Address

500 DESOTA DRIVE
FT LAUDERDALE FL 33301

3. Date Incorporated or Qualified
04/09/1980

3a. Date of Last Report
02/16/1995

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

4. FEI Number
59-1998045

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

KAUTH, MARGARET H
500 DE SOTA DRIVE
FT LAUD FL 33301

10. Name and Address of New Registered Agent

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 of the person authorized to register with the Department of State

(If 2011 Registered Agent signature required when filing this report)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PSD	KAUTH, ROBERT R	500 DESOTA DRIVE	FT LAUDERDALE, FL 00000	☐
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	Change	Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-ST-ZIP	☐	☐
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-ST-ZIP	☐	☐
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-ST-ZIP	☐	☐
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-ST-ZIP	☐	☐
61 TITLE	62 NAME	63 STREET ADDRESS	64 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 change 1, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert R Kauth 2-13-96

954-463-5378

CR2E034 (12/95)