

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 2:14

DOCUMENT # 130263 (7)
1. Corporation Name
THE LAS OLAS COMPANY, INC.

Principal Place of Business Mailing Address
600 SAGAMORE ROAD 600 SAGAMORE ROAD
FT LAUDERDALE FL 33301 FT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/01/1995
3a. Date of Last Report 04/22/1994

4. FEI Number 59-0198485
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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KELLEY, PATRICK G.
600 SAGAMORE ROAD
FORT 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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME HYDE, JAMES N
STREET ADDRESS 600 SAGAMORE ROAD
CITY - ST - ZIP FORT LAUDERDALE FL

TITLE VD
NAME WELLS JR, PRESTON A
STREET ADDRESS 600 SAGAMORE ROAD
CITY - ST - ZIP FORT LAUDERDALE FL

TITLE VD
NAME WELLS JR, THOMAS E
STREET ADDRESS 600 SAGAMORE ROAD
CITY - ST - ZIP FORT LAUDERDALE FL

TITLE AS
NAME MURRAY, EILEEN
STREET ADDRESS 600 SAGAMORE ROAD
CITY - ST - ZIP FORT LAUDERDALE FL

TITLE PD
NAME MALECEK, JOSEPH E
STREET ADDRESS 818 SE 4TH ST
CITY - ST - ZIP FORT LAUDERDALE FL

TITLE D
NAME LANG, HENRY L
STREET ADDRESS 600 SAGAMORE ROAD
CITY - ST - ZIP FORT LAUDERDALE FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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 as an attachment with an address.

SIGNATURE:

Joseph E. Malecek
Signature and typed or printed name of signing officer on Director
Joseph E. Malecek, President

3/20/95

(305) 463-5630