

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 # 130263 (7)

1. Corporation Name
THE LAS OLAS COMPANY, INC.



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

3. Date Incorporated or Qualified: 01/01/1935
3a. Date of Last Report: 03/24/1995
4. FEI Number: 59-0198485
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 (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent

KELLEY, PATRICK G.
600 SAGAMORE ROAD
FORT LAUDERDALE 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: _____ (NO. 1. Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HYDE, JAMES N	
STREET ADDRESS	600 SAGAMORE ROAD	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WELLS JR, PRESTON A	
STREET ADDRESS	600 SAGAMORE ROAD	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WELLS JR, THOMAS E	
STREET ADDRESS	600 SAGAMORE ROAD	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	MURRAY, EILEEN	
STREET ADDRESS	600 SAGAMORE ROAD	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MALECEK, JOSEPH E	
STREET ADDRESS	818 SE 4TH ST	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LANG, HENRY L	
STREET ADDRESS	600 SAGAMORE ROAD	
CITY-ST-ZIP	FORT LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PD
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 on an attachment with an address.

SIGNATURE: *Preston A. Wells Jr.* Date: _____ 463-5630 Daytime Phone #

CR2E034 (12/95)