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FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthamy
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 33301-2286



3. Date Incorporated or Qualified 01/01/1935	3a. Date of Last Report 05/01/1996
4. FEI Number 59-0198485	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 Country	28 Zip Country
24	29
25	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 *Maureen R. Costello* MAUREEN R. COSTELLO, ASST. Secy. 4/14/97
Signature typed or printed name of registered agent and title if applicable (NOTE: 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	PO	<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 checked="" type="checkbox"/> DELETE
NAME	MURRAY, EILEEN	
STREET ADDRESS	600 SAGAMORE ROAD	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	D	<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	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Eric P. Mushovic	
1.3 STREET ADDRESS	600 Sagamore Road	
1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
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	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Costello, Maureen R	
4.3 STREET ADDRESS	600 Sagamore Road	
4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
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 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: *Maureen R. Costello* 4/22/97 (954) 463-5630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)