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FILED
Feb 25, 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 # 594901

1. Corporation Name
1770 LAS OLAS CORPORATION



Principal Place of Business	Mailing Address
1915 NE 45 ST STE 105 FT LAUDERDALE FL 33304 US	1915 NE 45 ST STE 105 FT LAUDERDALE FL 33304 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 5761 BEACH BLVD.	26 5761 BEACH BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 SUITE 7 REAR	27 SUITE 7 REAR
City & State	City & State
23 JACKSONVILLE FL	28 JACKSONVILLE FL
Zip	Country
24 32207	25 USA
Country	Zip
29 USA	30 32207

3. Date Incorporated or Qualified	Applied For
12/22/1978	<input type="checkbox"/> Not Applicable
4. FEI Number	Applied For
59-1926777	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

HARRIS, J. R
C/O MANAGER
840 OAKWOOD ST.
CRESCENT CITY FL 32112

10. Name and Address of New Registered Agent

81 Name	L. R. HARRIS
82 Street Address (P.O. Box Number is Not Acceptable)	6781 VERONICA CT.
83	
84 City	ST. AUGUSTINE FL
85 Zip Code	32086

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 **L. R. HARRIS** *[Signature]* DATE **1/13/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	KELLER, R. D.	
STREET ADDRESS	3785 ALT 19 NORTH	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	HARRIS, CAROL B.	
STREET ADDRESS	1216 SEMINOLE DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HARRIS, ROGER J	
STREET ADDRESS	1915 NE 45TH #105	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	VPD
1.3 STREET ADDRESS	LAY R. HARRIS
1.4 CITY-ST-ZIP	6781 VERONICA CT. ST. AUGUSTINE FL 32086
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DST
2.3 STREET ADDRESS	HARRIS CAROL B.
2.4 CITY-ST-ZIP	6781 VERONICA CT. ST. AUGUSTINE FL 32086
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PD
3.3 STREET ADDRESS	HARRIS U. ROGER
3.4 CITY-ST-ZIP	6781 VERONICA CT. ST. AUGUSTINE, FL 32086
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 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 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: *[Signature]* **904 794-6598**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)