

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 25, 1999 8:00 am  
Secretary of State

02-25-1999 90024 024 \*\*\*150.00

DOCUMENT # 594901

1. Corporation Name  
1770 LAS OLAS CORPORATION

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

Mailing Address  
1915 NE 45 ST  
STE 105  
FT LAUDERDALE FL 33304  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/22/1978

4. FEI Number

59-1926777

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 5761 BEACH BLVD.

Suite, Apt. #, etc.

22 SUITE 7 REAR

City & State

23 JACKSONVILLE FL

Zip

24 32207

Country

25 USA

2a. Mailing Address

26 5761 BEACH BLVD

Suite, Apt. #, etc.

27 SUITE 7 REAR

City & State

28 JACKSONVILLE FL

Zip

29 32207

Country

30 USA

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

82 L. R. HARRIS

83 Street Address (P.O. Box Number is Not Acceptable)

84 6781 VERONICA CT.

85 City

86 ST. AUGUSTINE

FL

87 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

1/13/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE VPD ☒ DELETE  
NAME KELLER, R. D.  
STREET ADDRESS 3785 ALT 19 NORTH  
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE DST ☐ DELETE  
NAME HARRIS, CAROL B.  
STREET ADDRESS 1216 SEMINOLE DRIVE  
CITY-ST-ZIP FT. LAUDERDALE FL 33304

TITLE PD ☐ DELETE  
NAME HARRIS, ROGER J.  
STREET ADDRESS 1915 NE 45TH #105  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☒ 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 DST ☒ Change ☐ Addition  
2.2 NAME HARRIS CAROL B.  
2.3 STREET ADDRESS 6781 VERONICA CT.  
2.4 CITY-ST-ZIP ST. AUGUSTINE FL 32086

3.1 TITLE PD ☒ Change ☐ Addition  
3.2 NAME HARRIS H. ROGER  
3.3 STREET ADDRESS 6781 VERONICA CT.  
3.4 CITY-ST-ZIP ST. AUGUSTINE FL 32086

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904 794-6598

CR2E034 (11/98)