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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 APR 30 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05229

(4)

1. Corporation Name
LAS OLAS FINANCIAL SERVICES CORP.

Principal Place of Business
200 S. ANDREWS AVE. 6TH FL
FT. LAUDERDALE FL 33301

Mailing Address
200 S. ANDREWS AVE. 6TH FL
FT. LAUDERDALE FL 33301-1864

3. Date Incorporated or Qualified
07/28/1989

3a. Date of Last Report
05/01/1996

4. FEI Number
56-0150218

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

21 450 EAST LAS OLAS BLVD

22 SUITE 1500

23 FT. LAUDERDALE FL

24 33301 25 USA

2a. Mailing Address

27 450 EAST LAS OLAS BLVD

28 SUITE 1500

29 FT. LAUDERDALE FL

30 33301 31 USA

9. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
ONE SE THIRD AVE
27TH FLOOR
MIAMI FL 33131

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

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 PS
NAME ROCHON, RICHARD C.
STREET ADDRESS 200 S. ANDREWS AVE. 6TH FL.
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE D
NAME ROCHON, RICHARD C.
STREET ADDRESS 200 S. ANDREWS AVE. 6TH FL.
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE T
NAME BRANDEN, CRIS V
STREET ADDRESS 200 S. ANDREWS AVE 6TH FLOOR
CITY-ST-ZIP FT. LAUDERDALE FL 33301

TITLE VPAS
NAME PIERCE, WILLIAM M
STREET ADDRESS 200 S. ANDREWS AVE. 6TH FL
CITY-ST-ZIP FT. LAUDERDALE FL 33301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS 450 EAST LAS OLAS BLVD, Suite 1500
14 CITY-ST-ZIP FT. LAUDERDALE, FL 33301

21 TITLE ☒ Change ☐ Addition
22 NAME
23 STREET ADDRESS 450 EAST LAS OLAS BLVD, Suite 1500
24 CITY-ST-ZIP FT. LAUDERDALE, FL 33301

31 TITLE ☒ Change ☐ Addition
32 NAME
33 STREET ADDRESS 450 EAST LAS OLAS BLVD, Suite 1500
34 CITY-ST-ZIP FT. LAUDERDALE, FL 33301

41 TITLE ☒ Change ☐ Addition
42 NAME
43 STREET ADDRESS 450 EAST LAS OLAS BLVD, Suite 1500
44 CITY-ST-ZIP FT. LAUDERDALE, FL 33301

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE 500002161875
62 NAME -05/01/97--01001-021
63 STREET ADDRESS ***3300.00 ***165.00
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)