

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N96000003140 (8)

1. Corporation Name

LAS OLAS CANOE CLUB, INC.

Principal Place of Business

408 NE 2ND AVENUE
FT. LAUDERDALE FL 33301

Mailing Address

408 NE 2ND AVENUE
FT. LAUDERDALE FL 33301

FILED

98 NOV 30 PM 1:33

SECRETARY OF STATE



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

3. Date Incorporated or Qualified

06/12/1996

4. FEI Number

APPLIED FOR

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

7. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 617.0502 and 617.1508, 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 617.0503, 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 PSTD
NAME GAGE, JOHN D
STREET ADDRESS 408 NE 2 AVE
CITY-ST-ZIP OAKLAND PARK FL

TITLE D
NAME NELSON, NEICY K
STREET ADDRESS 2850 NORTH OAKLAND FOREST DRIVE, UNIT 303
CITY-ST-ZIP OAKLAND PARK FL 33309

TITLE D
NAME GROPP, DAVID W
STREET ADDRESS 2850 NORTH OAKLAND FOREST DRIVE, UNIT 303
CITY-ST-ZIP OAKLAND PARK FL 33309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD
1.2 NAME Gage, John D
1.3 STREET ADDRESS 408 N.E. 2nd ave.
1.4 CITY-ST-ZIP Ft. lauderdale 33301

2.1 TITLE JD
2.2 NAME Gage, Danielle J
2.3 STREET ADDRESS 408 N.E. 2nd ave
2.4 CITY-ST-ZIP Ft. lauderdale 33301

3.1 TITLE D
3.2 NAME Gage, Alex D
3.3 STREET ADDRESS 408 N.E. 2nd ave
3.4 CITY-ST-ZIP Ft. lauderdale, 33301

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Danielle T. Gage REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 10, 1998

Date

(954) 525-3059

Daytime Phone #

CR2E037 (5/98)