

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90220 006 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P94000076859

1. Corporation Name
 THE LAS OLAS GROUP, INC.



Principal Place of Business: 521 S. ANDREWS AVE. STE 40 FT. LAUDERDALE FL 33301 US
 Mailing Address: 1402 E. LAS OLAS BLVD. SUITE 333 FT. LAUDERDALE FL 33301 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 7601 N. FED. HWY SUITE 230 A BOCA RATON, FL 33487
 2a. Mailing Address: 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country 30.

3. Date Incorporated or Qualified: 10/19/1994
 4. FEI Number: 65-0516229 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

9. Name and Address of Current Registered Agent
 ROGERS, WILLIAM M.
 858 SW 11TH ST.
 FT. LAUDERDALE FL 33315

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

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
P	ROGER, WILLIAM M	858 SW 11TH ST	FT. LAUDERDALE FL 33315	
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1	1.2	1.3	1.4		
2.1	2.2	2.3	2.4		
3.1	3.2	3.3	3.4		
4.1	4.2	4.3	4.4		
5.1	5.2	5.3	5.4		
6.1	6.2	6.3	6.4		

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: _____ Date: 4/26/99 (954) 524-7665
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)