## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

P95000012099 (4) DOCUMENT #

1. Corporation Name

LAS OLAS MANAGEMENT, INC.

801 BRICKELL AVE 24TH FLOOR MIAMI FL 33131

Principal Place of Business

801 BRICKELL AVE 24TH FLOOR MIAMI FL 33131

Mailing Address

		1	<ol> <li>Date Incorporated or Qualified 02/13/1995</li> </ol>	3a. Date of Last Report
2. Principal Place of Business 21 200 South Andrews Ave	2a. Mailing Address 26 200 South And:	rews Ave	4. FEI Number . 65-0561542	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apl. #, etc. 27 6th Floor		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 Ft. Lauderdale, FL	City & State  28 Ft. Lauderdal	e. FL	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 33301 25	Zip Coul		1	No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent				
AMERICAN INFORMATION SERVICES INC 801 BRICKELL AVE 24TH FLOOR MIAMI FL 33131		82 Street Addres	can Information ss (P.O. Box Number is Not Acceptate 3rd Avenue	Services, Inc.
		83 27th		
	207 1509 Florida Statutes the sho	84 City Miami	FL	FL 85 Zip Code 33131

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 out or registered agent, or both, in the State of Fiorida. 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	Sonature, typed or printed name of registered agent and title if applicable (NOTE Re	egistered Agenit signature re	
12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D XX)ELETE	1. 1 TITLE	PSD Change X Addition
NAME	AWBWE, JONATHAN L	1.2 NAME	Richard C. Rochon
STREET ADDRESS	801 BRICKELL AVE 24TH FLOOR	1.3 STREET ADDRESS	200 S. Andrews Ave., 6th Floor
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY - ST - ZIP	Ft. Lauderdale, FL 33301
TITLE	DELETE		Change Addition
NAME		2 ? NAME	Stonleyn B. Mouse
1		2.3 STREET ADDRESS	200-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
STREET ADDRESS		2.4 CITY - ST - ZIP	But the line on the state of th
DITY-ST-ZIP	T DELETE	3 1 TITLE	Change 🙀 Addition
TITLE		3.2 NAME	ν
NAME			William M. Pierce
STREET ADDRESS		3.3 STRUCT RUURESS	200 S. Andrews Ave., 6th Floor Ft. Lauderdale, FL 33301
CITY-ST-ZIP	[ ] DELETE	3.4 CITY-ST-ZIP	AST Change X Addition
TITLE	□] ngreie		ND (
NAME		4.2 NAME	Cris V. Branden
STREET ADDRESS		4.3 STREET ADDRESS	200 S. Andrews Ave., 6th Floor
CITY - ST - ZIP		4.4 CITY - ST - 7IP	Ft. Lauderdale, FL 33301
TITLE	☐ DELETE	5 1 TITLE	[ Change [ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY - ST - ZIP	
TILE	[] DELETE	6 1 TITLE	10000181139denge Addition -05/07/9601091011
NAME		62 NAME !	***6000.00
STREET ADDRESS		63 STREET ADDRESS	************************************
CITY OT 719		6.4 CITY - \$1 - ZIP	

14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 logal effect as if made under cath; that I am an officer or director of the corporation of 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 planned, of on a attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OF DIRECTOR