

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 APR 30 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000012099 (4)

1. Corporation Name
LAS OLAS MANAGEMENT, INC.

Principal Place of Business
200 SOUTH ANDREWS 8 FLOOR
FT LAUDERDALE FL 33301

Mailing Address
200 SOUTH ANDREWS 8 FLOOR
FT LAUDERDALE FL 33301-1864



3. Date Incorporated or Qualified
02/13/1995

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

2. Principal Place of Business
21 450 EAST LAS OLAS BLVD
Suite, Apt. #, etc.

2a. Mailing Address
26 450 EAST LAS OLAS BLVD
Suite, Apt. #, etc.

22 Suite 1500
City & State

27 Suite 1500
City & State

23 FT LAUDERDALE FL
Zip Country

28 FT LAUDERDALE FL
Zip Country

24 33301 25 USA
29 33301 30 USA

4. FEI Number
65-0561542

Applied For
Not Applicable

6. 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

9. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES INC
1 SE 3RD AVE
27TH FL
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
85 Zip Code
FL

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	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PSD	ROCHON, RICHARD C	200 SOUTH ANDREWS 8 FLOOR	FT LAUDERDALE FL 33301	<input type="checkbox"/>
V	PIERCE, WILLIAM M	200 SOUTH ANDREWS 8 FLOOR	FT LAUDERDALE FL 33301	<input type="checkbox"/>
AST	BRANDEN, CRIS V	200 SOUTH ANDREWS 8 FLOOR	FT LAUDERDALE FL 33301	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
		450 EAST LAS OLAS BLVD Suite 1500	FT LAUDERDALE, FL 33301	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		450 EAST LAS OLAS BLVD Suite 1500	FT LAUDERDALE, FL 33301	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		450 EAST LAS OLAS BLVD Suite 1500	FT LAUDERDALE, FL 33301	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

CRIS V BRANDEN

4/29/97

954-627-5000

0250567

CR2E034 (9/96)