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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000038492 (1)

LAS OLAS NO. 2, INC.

Mailing Address

Principal Place of Business

94

.

98 APR 29 PM 2: 19

SECRETARY OF STATE TALLAHASSEE, FLORIDA



450 EAST LAS OLAS BLVD. SUITE 1500 FT. LAUDERDALE FL 33301		SUITE 1500	450 EAST LAS OLAS BLVD. Suite 1500 Ft. Lauderdale Fl 33301		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
					05/15/1995	į
2. Principal Place of Business 2a. Mailing Addres			s		4. FEI Number	Applied For
21		26			65-0597169	Not Applicable
Suite, Apt. #, etc. 22		Suite, Apt #, etc	<u></u>		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State	<del></del>		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip 24	Country 25	Zip <b>29</b>	F-7 F-9		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No	
	9. Name and Address of Curre	nt Registered Agent	11		10. Name and Address of New Registered	
AA	MERICAN INFORMATION SERVICE	CES, INC.		81 Name		
ONE SE THIRD AVE 27TH FLOOR				82 Street Address (P.O. Box Number is Not Acceptable)		
	AMI FL 33131		<b>!</b>	83		
			Ì	84 City	Fl	85 Zip Code
11. Pursuant office or t agent. La	to the provisions of Sections 607.056 registered agent, or both, in the State am familiar with, and accept the oblig	02 and 607.1508, Florida S e of Florida Such change gations of Section 607.050	Statutes, the ab was authorized 5, Florida Stati	ove-named by the cor Ites.	corporation submits this statement for the purpose poration's board of directors. I hereby accept the ap	of changing its registered pointment as registered
SIGNATURE	Signature: typed or printed hause of registered ag	ount and title diamerable	(NC)TE: Begistered	Apont signature	a required when reinstating) DATE	
12.	_ <del></del>	ND DIRECTORS	13.	- grade	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	PSD DELETE 11T		1170	LF		Change Addition
NAME	ROCHON, RICHARD C		JITE 1500 1.3 S		6000025159066 -05/07/9801101007	
STREET ADDRESS	450 EAST LAS OLAS BLVD.,	, Suite 1500				
CITY-ST-ZIP	FT. LAUDERDALE FL 33301		1.4 CIT	Y-ST-ZIP	l sesses 100 00	TIOIT ON I
TITLE	TAS	DELETI	2.1 TIT	LE	VTAS ****150.00	Change Addition
NAME	BRANDEN, CRIS V		2.2 NA	ME	BRANDEN CRIS V	
STEET ADDRESS	450 EAST LAS OLAS BLVD.,	SUITE 1500	2.3 \$11	ICET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33301		2.4 Cf	Y- \$1 - ZIP		
PLE	VPAS	_] DEL <b>et</b>	3.1 TIT	LE		Change Addition
NAME	PIERCE, WILLIAM M	ALATE 4545	3.2 NA	ME		1
STREET ADDRESS	450 EAST LAS OLAS BLVD.,	, SUITE 1500		REE1 ADDRESS		
CITY - ST - ZIP	FT. LAUDERDALE FL 33301	<del></del>		Y - S1 - ZIP		
TITLE	VPAS MILVO ALEV	☐ DELÊTI		-		Change Addition
NAME	MUXO, ALEX 450 EAST LAS OLAS BLVD.,	CLUTE 1500	4. 2 NA			
STREET ADDRESS	FT. LAUDERDALE FL 33301	OUTE 1000		IEFT ADDRESS		İ
CITY-ST-ZIP TITLE	TI. CHODENDACE IE 33301	DELETI		Y-ST-ZIP		Change Addition
NAME		otten	5.2 NA			Committee Lindonton
STREET ADDRESS				VIE REFT ADDRESS	$\Lambda \Lambda M^{\prime\prime\prime}$	700
CITY-ST-ZIP			•	Y-ST-ZIP	a. alan	1140
TITLE		DELETI				Change Addition
NAME			6.2 NA		'  '	
STREET ADDRESS			- 1	REET ADDRESS	,	1
CITY-ST-ZIP				Y-ST-ZIP		

14. Thereby 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 supplier/ortal 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 thy 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, in on an attraction with an address.

SIGNATURE:

CRIS V BRANDON

4/28/48

954-627-5000