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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P95000071087

Las Olas Restaurant Corp.

FILED

99 OCT -7 AM 8: 33

SECRETARY OF STATE TALLAMASSEE. FLORIDA

Principal Place of Business	Mailing Address								
450 East Las Olas Boulevard	same								
Fort Lauderdale, FL 33301	State				DO NOT WRITE IN THIS	SPACE			
					Date incorporated or Qualifed     09/14/95				
2. Principal Place of Business	2a. Mailing Address				4. FEI Number	Applied For			
21	26			j	65-0644930	Not Applicable			
Suite, Apt. #, etc	Suite, Apt. #, etc.		_		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	City & State				Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip Country 24 25	Zip 29	Cou	ntry		This corporation owes the current year In Personal Property Tax.	langible			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
Lawrence H. Feder			81	Name					
2450 Hollywood Boulevard, Suite 401			82	Street Address (P.O. Box Number is Not Acceptable)					
Hollywood, FL 33020			63						
:			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. 1 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	e. (NOTE: Re	gistered Agent signature requir	red when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO	OFFICERS AN	D DIRECTOR	
TITLE PD		☐ DELETE	1.1 TMLE			Change	■ Addition
NAME FID	Leon Jackson		1.2 NAME				
STREET ADDRESS	315 S.E. 15 Avenue		1.3 STREET ADDRESS				
CITY-ST-ZIP	Fort Lauderdale, FL 33301		1.4 CITY-ST-ZIP				
TITLE		DELETE	2.1 TITLE	200002	en 1 553	Change	Addition
NAME			22 NAME	300003 -10/1	4/990	109701	.5
STREET ADDRESS			2.3 STREET ADDRESS	****	550.00	****550	.00
CITY-ST-ZIP			2.4 CITY-ST-ZIP				
TIT.E		☐ DELETE	3.1 MILE			☐ Change	Addition
NAME			32 NAME				
STREET ADORESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. City-St-ZIP	<del></del>	<del></del>		
TITLE		□ DELETE	4.1 TITLE			☐ Change	■ Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		□ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS	1		5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 City-St-ZIP				Daddin
TITLE		DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADORESS			6.3 STREET ADDRESS			1/1	5
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Section 110 07/3Vil Elocida Statut	an I feetbar on	differ that the following	ormation

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 dicated 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:

BIGNATURE AND AFFEO OF PRINTED HAME OF BIGNING OFFICER OR DIRECTOR DECEMBER OF DIRECTOR

954-522-2608

## LAW OFFICES

## ENGLISH, MCCAUGHAN & O'BRYAN, P.A.

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100 NORTHEAST THIRD AVENUE SUITE 1100 FORT LAUDERDALE, FLORIDA 33301-1146

> TELEPHONE (954) 462-3300 FAUBIMILE (954) 763-2439

MAILING ADDRESS! P.Q. 80X 14098 FORT LAUDERDALE, FLORIDA 33302-4098 BOCA RATON OFFICE 120 EAST PALMETTO PARK ROAD SUITE 450 BOCA RATON, FL 33432-6090

> TELEPHONE (561) 347-1700 FACSIMILE (561) 391-9944

IQUINN@BMOLAW.COM

October 7, 1999

Annual Reports Section Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Attention: Kristin

Re: Las Olas Restaurant Corp.

Dear Kristin:

In accordance with our phone conversation of this date regarding the lost annual report for the above-referenced corporation, we enclose the following:

- 1) Check in the amount of \$550 for filing fee
- 2) Copy of annual report form previously submitted, along with a copy of check originally submitted and federal express label and tracking information.

It is our understanding that you will file this document and reverse the administrative dissolution of this corporation.

If you have any questions with regard to the above, please do not hesitate to contact me. Thank you for your attention to this matter.

Very truly yours,

Janet Oninn

Corporate Paralegal

/jlq Enclosures cc: Mr. Jack Jackson Laura Holm, Esq.