03-06-1999 90089 019 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000074196

LAS OLA	AS BOOTERY, INC.				
Principal Place	e of Business	Mailing Address			( 100)100) ICD 10101 GUILL SOUTH DOLLS DOLLS 10011 10011 11011 1111 1111 1111 111
814 E LAS OLAS BLVD FT LAUDERDALE FL 33301 US 914 E LAS OLAS BLVD FT LAUDERDALE FL 33301 US					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed
1					09/22/1995
2. Principal Place of Business 2a, Mailing Address					4. FEI Number Applied For
<u> </u>					35-0608612 Not Applicable
21   26					\$8.75 Additional
					5. Certificate of Status Desired Fee Required
27					6. Election Campaign Financing 55.00 May Be
					Trust Fund Contribution Added to Fees
Zip	Country	Zip	Count	rv	8. This corporation owes the current year Intangible
<del></del>	25	<b>⊢</b>	10	•	Personal Property Tax.
24	9. Name and Address of Curre	1	<del></del>		10. Name and Address of New Registered Agent
	3. Italio dila radiose si salio		8	1 Name	
CADY, CHARLES B			L		
4431 DAVIE ROAD SUITE 121			8	2 Street Add	ress (P.O. Box Number is Not Acceptable)
DAVIE FL 33314			8	3	
27,112,12,000,1			L		,
			8	4 City	FL 85 Zip Code
office of r agent. I a SIGNATURE	m familiar with, and accept the obliging states and accept the obliging states are states and accept the obliging states are states as a state of registered agone of	ent and title if applicable.  (NOTE: R	Registered Ac	ent signature require	
12.	C prieze		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		. Change Discount
NAME	JOSPEH, MICHELLE S		1.2 NAMI		
'STREET ADDRESS	1001 1111 00 1112		1.3 STRE	ET ADDRESS	
CITY-ST-ZIP			1.4 CITY		
TITLE	D DELETE 2.1 T		2.1 TITLE		☐ Change ☐ Addition
NAME	PANKOW, GLORIA S		2.2 NAMI	E	
STREET ADDRESS	ss 1201 RIVER REACH DR APT 107		2.3 STRE	ET ADDRESS	
CITY-ST-ZIP	T. C. TOOCHOTICE TE GOOT		2. 4 CITY	-ST-ZIP	
TITLE	☐ DELETE 3.11		3.1 TITLE	·	☐ Change ☐ Addition
NAME			3.2 NAMI	E	
STREET ADDRESS			3.3 STRE	ET ADDRESS	
CITY-ST-ZIP			3 4. CITY	- ST-ZIP	
TITLE			4 1 TITLE		` Change Addition
NAME			4. 2 NAM	E	
STREET ADDRESS			4.3 STRE	ET ADDRESS	·
CITY-ST-ZIP			4.4 CITY	-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAM	E	•
CADECT VOODESS			53 STRE	ET ADDRESS	

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 open attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

☐ Change

☐ Addition