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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000014374 (8)

LAS OLAS COURTS LIMITED, INC.

FILED Mar 23 1998 8:00am Secretary of State



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Principal Place of Business Mailing Address					<u>'</u>				
735 W. LAS OLAS BLVD. 1775 S.E. 21 STREET AVE.									
FT. LAUDERDALE FL 33312			#2 FT. LAUDERDALE FL 33316			DO NOT WRITE IN THIS SPACE			
		The property of the	00010		3. Date Incorporated 02/15/1996	or Qualified			
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		oplied For	
21		26	26			65-0639445 Not Ap		ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status	Desired	\$8.75	Additional	
22		27			6. Certificate of Status	Desired L	Fee Ro	equired	
City & State		City & State			6. Election Campaign	Election Campaign Financing \$5.00 May Be			
23		28			Trust Fund Contribe	Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Cou	ntry	B. This corporation ov				
24	25	29	30		Personal Property 1			☐ No	
	9. Name and Address of Curr	ent Registered Agent			10. Name and Addres	s of New Registered	I Agent		
C.T. CORPORATION SYSTEMS, INC.				81 Nam	9				
120	00 S. PINE ISLAND ROAD			82 Stree	t Address (P.O. Box Number is I	Vot Acceptable)			
SU	ITE 250					' '			
PL	ANTATION FL 33324			83					
			ŀ	84 City		FI	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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE Signature, typed or profited name of registured agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE									
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANG	ES TO OFFICERS AN		RS IN 12	
TITLE	PD	☐ DELETE	1.1 10	TLE			Change	Addition	
NAME	HARVEY, ED		1.2 NA	ME					
STREET ADDRESS			1.3 ST	REET ADORES	: [
CITY-ST-ZIP	LITTLE ROCK AR 72201		1.4 CP	TY-ST-ZIP					
TITLE	STD	DELETE	2.1 TIT	ru t			☐ Change	Addition	
NAME	TIEFEL, TODO		2.2 NA	ME					
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NAME					.]			l	
STREET ADDRESS				REET ADDRESS	· [l	
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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 on an attachment with an address.

501 376 -6700