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FILED

Jan 16 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000011001 (9)

1. Corporation Name

VILLAGGIO DI LAS OLAS, INC.

Principal Place of Business

2701 WEST OAKLAND PARK BOULEVARD  
SUITE 300  
OAKLAND PARK FL 33311

Mailing Address

2701 WEST OAKLAND PARK BOULEVARD  
SUITE 300  
OAKLAND PARK FL 33311

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/04/1997

2. Principal Place of Business

2a. Mailing Address

21 1103 East Las Olas Blvd

26 1103 East Las Olas Blvd

4. FEI Number

65-0726945

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 200

27 Suite 200

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

23 Fort Lauderdale, Fla

28 Fort Lauderdale, Fla

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

City & State

City & State

Zip

Country

Zip

Country

24 33301

25 Broward

29 33301

30 Broward

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COKER, RICHARD G JR  
1318 SOUTHEAST 2ND AVENUE  
FORT LAUDERDALE FL

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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. 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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME SHIFF, MICHAEL A  
STREET ADDRESS 2701 WEST OAKLAND PARK BOULEVARD, #300  
CITY-ST-ZIP OAKLAND PARK FL 33311

TITLE VD  
NAME SHIFF, JUSTEN D  
STREET ADDRESS 2701 WEST OAKLAND PARK BOULEVARD, #300  
CITY-ST-ZIP OAKLAND PARK FL 33311

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 1103 East Las Olas Blvd. #200  
1.4 CITY-ST-ZIP Fort Lauderdale, Fla 33301

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 1103 E. Las Olas Blvd. #200  
2.4 CITY-ST-ZIP Fort Lauderdale, Fla 33301

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS

6.1 TITLE  
6.2 NAME  
6.3 STREET 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 owner 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 REMOVED

1/16/98 954-463-8000

CR2E034 (10/97)