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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STA

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700036324 (6)

LAS OLAS BEACH CENTER, INC.

## FILED May 14 1998 8:00am Secretary of State



Directed Disease of Durings					E ##############################	
Principal Place of Business Mailing Address						'
2901 E LAS OLAS BLVD 2901 E LAS OLAS FT LAUDERDALE FL 33316 FT LAUDERDALE FI						
FI ENOUGHDA	116 FE 33310	I I DAGGETIDAL	E 1 E 90010			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified 04/22/1997
2. Principal Pla	ace of Business	2a. Mailing Add	ress			4. FEI Number Applied For
21 290	I E LAS OLAS BLUD	26 SAME				65-07-555-97 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional
22		27				Fee Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
Zip Country		Zip Country				Trust Fund Contribution
Zip 24	• • • • • • • • • • • • • • • • • • •	Zip		ountry	,	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24 333/	25 BROWALD  9. Name and Address of Current	29 Registered Agent	[30]		<del></del>	Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
N/A				81	Name	
Ward, Mark D 2901 E las Olas BLVD				82		SAME
	LAUDERDALE FL 33316				Street #	t Address (P.O. Box Number is Not Acceptable)
	ENOUGHDALL IL 55510			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 their apple able	(NOTE: Regist	ered Ago	nt signature	ro recuired when reinslating) DATE
12.	OFFICERS AND			3.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	□ 0	ELETE 1.	1 TITLE		☐ Change ☐ Addition
NAME	PATTERSON, BETTY F		1.	2 NAME		
STREET ADDRESS	2901 E LAS OLAS BLVD		1.	3 STREET	ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33316			4 CITY - S	T - ZIP	
TITLE		□ 0		1 TITLE		☐ Change ☐ Addition
NAME				2 NAME		
STREET ADDRESS			2.	3 STREET	ADDRESS	5
CITY-ST-ZIP				4 CITY :	ST- ZIP	
TITLE	-	U U		1 TITLE		Change Addition
NAME				2 NAME		
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP				4. CITY - :	ST-ZIP	Change Addition
TITLE		ں ں		1 TITLE		Change C Addition
NAME CTOTET APPOSTOS			1	2 NAME	ADDRESS	
STREET ADDRESS					ADDRESS	
TITLE				4 CITY - S 1 TITLE	1-211	Change Addition
NAME		ے د		2 NAME		
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP				a CITY - S		
TITLE		<u>.</u>		1 TITLE	. 4"	Change Addition
NAME				2 NAME		
STREET ADDRESS			- 1		ADDRESS	
CITY-ST-ZIP			1	4 CITY - S		
14. I hereby c	ertify that the information supplied with	this filing does not	qualify for the	exemp	tion state	ted 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 hystec 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, of on all attactment with an address.						