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 # P97000036324

LAS OLAS BEACH CENTER, INC.

Principal	Place	of	Business

Mailing Address

2901 E LAS OLAS BLVD FT LAUDERDALE FL 33316 2901 E LAS OLAS BLVD FT LAUDERDALE FL 33316

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90254 006 ***150.00



DO NOT WRITE IN THIS SPACE

					3. Date Incorporated or Qualifed					
A 5: 10		On Mailing Address			04/22/1997 4. FEI Number		pplied For			
2. Principal Place of Business 2a. Mailing Address				65-0755597		Not Applicable				
21 Suite Ant	# atc	Suite, Apt. #, etc.			_		Additional			
22				5. Certificate of Status Desired		Required				
City & State	=	City & State			6. Election Campaign Financing		May Be			
23		28			Trust Fund Contribution		to Fees			
 ·	Zip Country Zip Co			S. This corporation of the server year many						
24 25 29 30			<u> </u>		Personal Property Tax. Yes VNo 10. Name and Address of New Registered Agent					
	9. Name and Address of Current	Registered Agent	81	Name	TV. Name and Address of New Registere	u Agent				
WARD, MARK D				· ·						
2901 E LAS OLAS BLVD			82	82 Street Address (P.O. Box Number is Not Acceptable)						
	AUDERDALE FL 33316		83	92						
,,,	ADDENDALE IE 00010		"	63						
			84	City	F	85 Zip	Code			
		1007.1500.51.11.0	4		•		e registered			
office or n	egistered agent, or both, in the State o	if Florida. Such change was auth	iorizea by	the corporat	rporation submits this statement for the purpose tion's board of directors. I hereby accept the app	ointment as r	egistered			
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florida	a Statutes				{			
SIGNATURE					uired when reinstating) DATE		\			
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	nt signature requi	ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12			
TITLE	PD OFFICERS AND	DELETE	1.1 TITLE	[<u></u>	ange				
		, , , , , , , , , , , , , , , , , , , ,	1.2 NAME		- ,	-				
NAME	PATTERSON, BETTY F 2901 E LAS OLAS BLVD			TADDRESS			<i>i</i> ,			
STREET ADDRESS	FT LAUDERDALE FL 33316		1.4 CITY-S		and the second second	7 T 1	÷			
CITY-ST-ZIP TITLE	FI LAUDENDALE FL 33316	□ DELETE	2.1 TITLE	1-21	<u>-</u>	- Lunange	Addition			
į		_ beer.c	2.2 NAME				_			
NAME				TADDRESS						
STREET ADDRESS			2.4 CITY-S							
CITY-ST-ZIP TITLE		DELETE	31 TITLE	31*21		Change	Addition			
NAME			32 NAME							
		ļ		TADDRESS			}			
STREET ADDRESS			3.4. CITY-5	ı			ì			
CITY-ST-ZIP TITLE		☐ DELETE	4 1 TITLE	71-211		☐ Change	Addition			
NAME	ı		4.2 NAME							
STREET ADDRESS				TADDRESS						
			4.4 CITY-S	1						
CITY-ST-ZIP TITLE		☐ DELETE	5 1 TITLE			Change	Addition			
NAME		_	5.2 NAME							
STREET ADDRESS			5.3 STREE	TADDRESS						
			54 CITY-S	T-ZIP						
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			Change	Addition			
NAME			6.2 NAME							
STREET ADDRESS			63 STREE	T ADDRESS			}			
			64 CITY-S				ĺ			
CITY-ST-ZIP		_								

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

SIGNATURE:

954-7635600