Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90045 044 ***158.75

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 # P97000051408

1. Corporation Name

LAS OLAS TOWER AT RIVER WALK, INC.

												
Principal Place of Business				Mailing Address					 	11 46161 6	111.04 11011 0101	
2601 SOUTH BAYSHORE DRIVE MIAMI FL 33133			2601 S. BAYSHORE DRIVE LEGAL DEPT. SUITE 900 MIAMI FL 33133					DO NOT WRITE IN THIS SPACE				
	•								3. Date Incorporated or Qualifed			
	4.50 - 10	-	2-	Marilian Address					06/06/1997 4. FEI Number		ΙΙΔ	pplied For
2. Principal Place of Business				2a. Mailing Address				ļ			<u> </u>	ot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					65-0763340			Additional
Suite, Apt. #, etc.				27					5. Certificate of Status Desired		.	equired
City & State				City & State					6. Election Campaign Financing		\$5.00	May Be
23				28					Trust Fund Contribution			to Fees
Zip	Country			ZipCo			Country		8. This corporation owes the current y			
24	25			29 30					Personal Property Tax.		☐Yes	□No
Name and Address of Current Registered Agent							Name		10. Name and Address of New Regis	tered A	Agent	_
001	DMAN 10EL 1	,				81	Name			_		
GOLDMAN, JOEL K 2601 SOUTH BAYSHORE DRIVE							Street	Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33133												
IMININI PE 33 133							83					
						84 City				FL		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 sign								required w	ADDITIONS/CHANGES TO OFFICE	ATE RS AN	D DIRECT	ORS IN 12
12.	0050	OFFICERS AND	DIKE	DELETE	1,1 TIT	1 F		ъ/	CEO/D		1 Change	
TITLE NAME	PCEO	IOMAC W		LJ OLLETE	12 NA			1 - '	frey, Thomas W		- V	
STREET ADDRESS	JEFFREY, THOMAS W 2601 SOUTH BAYSHORE DRIVE			å					1 S. Bayshore Drive			
CITY-ST-ZIP	MIAMI FL 33133								mi FL 33133			
TITLE	VT			DELETE	2.1 TIT			∀/T		<u> </u>	Change	☐ Addition
NAME	FISCHER, JO	HN H			2.2 NA	ME			cher, John H		, .	
STREET ADDRESS		SHORE DRIVE			2.3 ST	REET	ADDRESS		1 s. Bayshore Drive	•	•	
CITY-ST-ZIP	MIAMI FL 33				2.4 CI	TY-\$	T-ZIP		mi. Florida 33133			
TITLE	VS	<u> </u>		☐ DELETE	3.1 111	LΕ		y j D ,	S		X Change	Addition
NAME	GOLDMAN, J	IOEL			3 2 NA	ME			dman, JoelaK			
STREET ADDRESS	2601 SOUTH BAYSHORE DRIVE			, 3.3					1 S. Bayshore Drive			
CITY-ST-ZIP	MIAMI FL 33	133			3.4. CI		T-ZIP	Mia	mi FL 33133			- Addition
TITLE	VAS			DELETE	4.1 Π	ΊE		V			Change	Addition Addition
NAME	LANGLEY, M	arcia h			4. 2 N/				guardia, John			
STREET ADDRESS	,	I BAYSHORE DRIVE					ADDRESS		01 S. Bayshore Drive			
CITY-ST-ZIP	MIAMI FL 33	133	_	(**)	4.4 CF		r-zip	Mia	ami FL 33133		Change	Addition
TITLE	٧			☐ DELETE	5.1 TIT 5.2 NA						change	☐ Addition
NAME	ANNESS, LIS				1		ADDRESS				-	,
STREET ADDRESS	2601 S. BAY	SHORE DRIVE			5.3 ST							
I OTTO OT THE					= 0.4 (d	11-01						

CITY-ST-ZIP

MIAMI FL 33133

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

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

MIAMI FL 33133

COOK, PAULA

2601 S. BAYSHORE DRIVE

VCAS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

RE REQUIRED

DELETE

305-859.4000

Change

Addition