


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 27, 1999 8:00 am
Secretary of State

08-27-1999 90003 029 ***150.00

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P98000098517

1. Corporation Name

LAS OLAS INSURANCE GROUP, INC.

Principal Place of Business

Mailing Address

**515 EAST LAS OLAS BOULEVARD
SUITE 930
FORT LAUDERDALE FL 33301**

**515 EAST LAS OLAS BOULEVARD
SUITE 930
FORT LAUDERDALE FL 33301**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/19/1998

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 **2400 E. Las Olas Blvd.**

26 **2400 E. Las Olas Blvd.**

65-0880354

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 213**

27 **Suite 213**

City & State

City & State

23 **Ft. Laud FL**

28 **Ft. Laud FL**

Zip

Country

Zip

Country

24 **33301**

25 **USA**

29 **33301**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JANCO, STEPHEN
515 EAST LAS OLAS BOULEVARD
SUITE 930
FORT LAUDERDALE FL 33301**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **JANCO, STEPHEN**
STREET ADDRESS **515 EAST LAS OLAS BOULEVARD**
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

1.1 TITLE **President** ☒ Change ☐ Addition
1.2 NAME **Stephen Janco**
1.3 STREET ADDRESS **2400 E. Las Olas Blvd. Suite 213**
1.4 CITY-ST-ZIP **Ft. Laud., FL 33301**

TITLE **D** ☐ DELETE
NAME **JANCO, JOSEPH**
STREET ADDRESS **1201 RIVER REACH, #109**
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-11-99

954-832-0254

Date

Daytime Phone #

6010077-90003-29

P98000098517

Las Olas Insurance Group, Inc.
2400 East Las Olas Boulevard
Suite 213
Fort Lauderdale, Florida 33301
(954) 832-0254

August 11, 1999

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: Document #:P98000098517

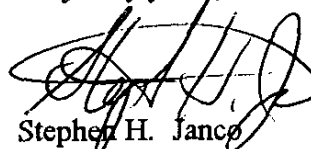
To Whom It May Concern:

Please allow this correspondence to serve as a follow up to my phone call about not receiving the Annual Report Form timely. Please be advised that our offices have moved and the forward filed with the Post Office did not take place in a timely manner. Please note that the stamped date for forward from the post office was July 2, 1999.

As such, I have enclosed the necessary Annual Report along with my check in the amount of \$150.00. We would greatly appreciate your acceptance of this fee and I have noted the form of the appropriate address.

Thank you for your attention and assistance in this matter.

Very truly yours,



Stephen H. Jancop

SHJ/mht
Enclosures