

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **665787** (8)

1. Corporation Name  
**KRES DEVELOPMENT CORP.**



Principal Place of Business: **2900 N MILITARY TR #201 S SOUTH BOCA RATON FL 33483**  
Mailing Address: **2900 N MILITARY TR #201 S SOUTH BOCA RATON FL 33483**

2. Principal Place of Business: **21 3801 N. 41st Avenue**  
State, Apt. #, etc.:  
**22** City & State: **23 Hollywood, FL**  
Zip: **24 33021** Country: **25 USA**  
2a. Mailing Address: **26 3801 N. 41st Avenue**  
State, Apt. #, etc.:  
**27** City & State: **28 Hollywood, FL**  
Zip: **29 33021** Country: **30 USA**

3. Date Incorporated or Qualified: **04/04/1980** 3a. Date of Last Report: **04/26/1995**  
4. FEI Number: **59-1991508** 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 has liability for intangible tax under s. 190.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RICHTER, MORRIS**  
**2900 N MILITARY TR #201 S SOUTH BOCA RATON FL 33483**

**81** Name: **Richter, Morris**  
**82** Street Address (P.O. Box Number is Not Acceptable): **3801 North 41st Avenue**  
**83**  
**84** City: **Hollywood** **85** Zip Code: **FL 33021**

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when this filing) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RICHTER, MORRIS	
STREET ADDRESS	2900 N MILITARY TR #201 S	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RICHTER, SAM	
STREET ADDRESS	2900 N MILITARY TR #201 S	
CITY - ST - ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	Richter, Morris	
3. STREET ADDRESS	3801 North 41st Avenue	
4. CITY - ST - ZIP	Hollywood, FL 33021	
2. TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	Richter, Sam	
23. STREET ADDRESS	3200 North Ocean Blvd.	
24. CITY - ST - ZIP	Ft. Lauderdale, FL 33308	
3. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY - ST - ZIP		
4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY - ST - ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY - ST - ZIP		
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE: *Morris Richter* **2/20/96** **305-987-4107**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY OF FILING P

CR2E034 (12/95)