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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # H40121 1. Corporation Name

(6)

KRES MIHELICH, INC., ARCHITECTURE, PLANNING, DES ESIGN

2655 N OCEAN DRIVE 300 SINER ISLAND FL 33404

Principal Place of Business

Mailing Address

% KRESIMIR MIHELICH 242 8TH STREET FILED
May 14 1997 8:00am
Secretary of State



SINER ISLAND FL 33404 US		WEST PALM BEACH FL 3340	WEST PALM BEACH FL 33401-3702				
					3. Date Incorporated or Qualified 01/29/1985 07/02/199		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21			26 2655 N. Ocean Drive		59-2489541		Not Applicable
Suite, Apt.	#, OIC.		Suite, Apt. #, etc. 27 5 (70 300		5. Certificate of Status Desired	1	5 Additional Required
City & State			City & State		C Florian Commiss Financias		
23	•	28 SINGEL Islu	· how	FI.	6. Election Campaign Financing Trust Fund Contribution		May Be
Zip	Country	Zip	Country		8. This corporation has liability for in		
24	25	29 33404 30		, S .		Yes No	
		s of Current Registered Agent		,	10. Name and Address of New Reg	istered Agent	
MIHELICH, KRESIMIR				Name			
242 8TH STREET			82	82 Street Address (P.O. Box Number is Not Acceptable)			
WES	ST PALM BEACH FL 3:	3401	-				
			83				
			84	City		85 Zi	p Code
11 Purcuant	to the provisions of Section	one 607.0502 and 607.1508. Florida Statutos	the phow	a named co	progration submits this statement for the s	FL 65 21	s its registered
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 registimes agent and literal applicable (NOTE: Registered Agent signature required when rearstating) DATE							
12.		FICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	P	☐ DELETE	1111111			☐ Change	e ∐l Addition ð
NAME	MIHELICH, KRESIMIF	ĸ	1.2 NAME				;
STREET ADDRESS	MEST DAIM DEACH EI		1.9 STREET	ŀ			[
CITY-ST-ZIP			14 CITY - S	T - ZIP		Chan	a Fladrian (
TITLE	•		21 1014			☐ Change	e 🔲 Addition 🏻
NAME Street address			22 NAME	1000000			
•			2 3 STREET ADDRESS 2 4 CHY-ST-ZIP				
CITY-ST-ZIP TITLE			31 TITLE	SI - ZIP		☐ Change	e Addition
NAME	_ I		3.2 NAME				
STREET ADDRESS			3 3 STREET	ADDRESS			
CITY-SY-ZIP	1		3 4. CITY-5				
TITLE			4.1 TITLE			☐ Change	e 🔲 Addition
NAME	1 1		4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CHY-S	1 - 7IP			
TITLE		DELETE	5.1 THILE			☐ Change	e 🔲 Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRES\$			
CITY-ST-ZIP			54 CITY - S	1 - 7IP		· · · · · · · · · · · · · · · · · · ·	
TITLE	DELETE 6.1 T		6.1 TITLE			Change	e 🔲 Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			64 CITY-S				
14. i do heret	by certify that the informat	tion supplied with this filing does not qualify fo	or the exe	mption stat	ed in Section 119.07(3)(i), Florida Statutes	 Liturther certify the 	at the

4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Soction 119.07(3)(i). Florida Statules. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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