## 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** 

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90181 037 \*\*\*150.00

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KRES MIHELICH, INC., ARCHITECTURE, PLANNING, DES

Loidit									
Principal Place	e of Business	Mailing Address					Tit Arbit asam a	11011 91911 1481	
2655 N OCEAN 300 SINER ISLAND		2655 N OCEAN DR SUITE 300 SINGER ISLADN FL 33404			DO NOT WRITE IN THIS	SPACE			
US		US			l	3. Date Incorporated or Qualifed 01/29/1985			
2. Principal P	lace of Business	2a. Mailing Address			4, FEI Number	Ap	plied For		
21		26				59-2489541	<del></del>	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A		
City & Stat	е .	City & State				Election Campaign Financing     Trust Fund Contribution	\$5.00 Added (	•	
Zip	Country	Zip	Zip Country			8. This corporation owes the current year Intangible Personal Property Tax.			
24	9. Name and Address of Currer		<u>UI</u>			10. Name and Address of New Registered			
	9. Name and Address of Curren	it itegistered Agent	81	Name		70, 1141110 21141			
MIHELICH, KRESIMIR 242 8TH STREET			82	Street	Addres	ress (P.O. Box Number is Not Acceptable)			
	T PALM BEACH FL 33401		83			100			
- 3124	, ,		84	City			85 Zip (	Code	
11. Pursuant office or r agent, I a	to the provisions of Sections 607.050 egistered agent, or both, in the State im familiar with, and accept the obligations of the obligation of the control of the obligation o	2 and 607.1508, Florida Statutes of Florida, Such change was auti	horized by	the como	corpor	ration submits this statement for the purpose of s's board of directors. I hereby accept the appoin	changing its atment as re	registered gistered	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Re	egistered Ager	t signature r	equired w	when reinstating) DATE			
12.	OFFICERS AN	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	P	☐ DELETE	1,1 ΠΤLE			·	Change	☐ Addition	
NAME	MIHELICH, KRESIMIR		1.2 NAME		}				
STREET ADDRESS	242 8TH STREET	•	1.3 STREET						
CITY-ST-ZIP	WEST PALM BEACH FL	☐ DELETE	1.4 CITY-ST-ZIP		<del>  -</del>		Change	Addition	
TITLE		L'I DELETE	2.1 TITLE		ļ		criange		
NAME 			2.2 NAME	ADODECC	Ì	arum un vivin			
STREET ADDRESS			2.3 STREET			·			
CITY-ST-ZIP TITLE		☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE				- Change	Addition	
NAME			3.2 NAME						
STREET ADDRESS	[		3.3 STREET	ADDRESS					
CITY-ST-ZIP			3.4. CITY-S		1				
TITLE		☐ DELETE	4.1 TITLE				☐ Change	Addition	
NAME			4. 2 NAME		ļ				
STREET ADDRESS			4.3 STREET	ADDRESS	1	•			
CITY-ST-ZIP			4.4 CITY-S	T- Z\$P					
TITLE		☐ DELETE	5,1 TITLE			- <del>-</del> -	☐ Change	☐ Addition	
NAME			5.2 NAME		]	•			
STREET ADDRESS			5.3 STREET	ADDRESS					
CITY-ST-ZIP			5.4 CITY-S	T-Z <u>I</u> P					
TITLE		☐ DELETE	6.1 TITLE				Change	☐ Addition	
NAME	6.3		6.2 NAME			•			

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

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP