

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

FILED

Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M04726 (9)

1. Corporation Name
KRENT WIELAND DESIGN, INC.

Principal Place of Business
**11300 FORTUNE CIRCLE STE 2
WEST PALM BEACH FL 33414**

Mailing Address
**11300 FORTUNE CIRCLE STE 2
WEST PALM BEACH FL 33414-8766**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/04/1984		3a. Date of Last Report 07/15/1996	
21		26		4. FEI Number 59-2565588		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No			
23		28					
Zip		Zip					
24		29					
Country		Country					
25		30					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WIELAND, KRENT L. 522 GOLDENWOOD WAY WEST PALM BEACH FL				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	☐ DELETE		1.1 TITLE	☐ Change	☐ Addition	
NAME	WIELAND, KRENT L.			1.2 NAME			
STREET ADDRESS	522 GOLDENWOOD WAY			1.3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL			1.4 CITY-ST-ZIP			
TITLE	VST	☐ DELETE		2.1 TITLE	☐ Change	☐ Addition	
NAME	WIELAND, CAROL C.			2.2 NAME			
STREET ADDRESS	522 GOLDENWOOD WAY			2.3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL			2.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE		3.1 TITLE	☐ Change	☐ Addition	
NAME	WIELAND, CAROL C.			3.2 NAME			
STREET ADDRESS	522 GOLDENWOOD WAY			3.3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL			3.4 CITY-ST-ZIP			
TITLE		☐ DELETE		4.1 TITLE	☐ Change	☐ Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		☐ DELETE		5.1 TITLE	☐ Change	☐ Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE	☐ Change	☐ Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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, even an attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/97

Date

Daytime Phone #

CR2E034 (9/96)