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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H18471

(3)

K.C.W. ENTERPRISES, INC.

Principal Place of Business

2036 N DIXIE HWY

Mailing Address

2036 N DIXIE HWY

**FILED** Apr 27 1998 8:00am Secretary of State



| WILLON MANORS FL 33305 |   | WILTON MANORS FL 33305            |                            | DO NOT WRITE IN THIS   | DO NOT WRITE IN THIS SPACE          |  |
|------------------------|---|-----------------------------------|----------------------------|--|-------------------------------------|--|
|                        |   |                                   |                            | 3. Date Incorporated or Qualified  |                                     |  |
| # 5: : 15:             | 10.   | T-2                               |                            | 08/28/1984   |                                     |  |
| 2. Principal Plac      | NE SCH AUG  | 28. Mailing Address               | Cal All                    | 4, FEI Number  | Applied For                         |  |
| Suite. Apl. #.         |   | 28 /220 NC<br>Suite, Apt. #, etc. | 5-Ch/100                   | 59-2451059   | Not Applicable                      |  |
| 22                     | etc   | 27                                |                            | 6. Certificate of Status Desired   | \$8.75 Additional<br>Fee Required   |  |
|                        | LALDOXIDALL-7(  | 28 PORT LARIE                     |                            | 6. Election Campaign Financing Trust Fund Contribution   | \$5.00 May Be<br>Added to Fees      |  |
| Zip<br>24] 33309       | Country 25  | Zip 33309 3                       | Country<br>30              | This corporation owes or has paid the cu     Personal Property Tax due June 30.  | rrent year Intangible<br>☑ Yes ☐ No |  |
|                        | 9. Name and Address of Current  | Registered Agent                  |                            | 10. Name and Address of New Registered   | Agent                               |  |
| 2036                   | ner, Kenneth C.<br>I N. Dixie Hwy<br>On Manors Fl 33305   |                                   | 82 Street                  | Address (P.O. Box Number is Not Acceptable)  | 85 Zip Code<br>3330/                |  |
| office or reg          | the provisions of Sections 607.0502<br>pistered agent, or both, in the State of<br>familiar with, and accept the obligati | f Florida. Such change was au     | ithorized by the corp      | corporation submits this statement for the purpose operation's board of directors. I hereby accept the appropriate the control of the control | f changing its registered           |  |
| SIGNATURE              | gnaturu typed or printed name of registered agent   | and title if applicable (NOTE:    | Registered Agent signature | required when reinstating) DATE  |                                     |  |
| 12.                    | OFFICERS AND  |                                   | 13.                        | ADDITIONS/CHANGES TO OFFICERS AN   | D DIRECTORS IN 12                   |  |
| TITLE                  | DP  | ☐ DELETE                          | 1.1 TITLE                  | (D)  | Change                              |  |
| NAME                   | WERNER, KENNETH C.  |                                   | 1.2 NAME                   | WELNET KENDETH C.<br>1220 NE SEL ACE<br>PORT LAUDER DALE, FL   | -                                   |  |
| STREET ADDRESS         | 2036 N DIXIE HWY  |                                   | 1.3 STREET ADDRESS         | 1220 NE SEL ACE  |                                     |  |
| CITY-ST-ZIP            | WILTON MANORS FL 33305  |                                   | 1.4 CITY+ST-ZIP            | PRETLAUDEX DALE, 70  | 33304                               |  |
| TITLE                  |   | DELETE                            | 2.1 TITLE                  |  | Change Addition                     |  |
| NAME                   |   |                                   | 2.2 NAME                   |  |                                     |  |
| STREET ADDRESS         |   |                                   | 2.3 STREET ADDRESS         |  |                                     |  |
| CITY - ST - ZIP        |   |                                   | 2.4 CITY - ST - ZIP        |  |                                     |  |
| TITLE                  |   | ☐ DELETE                          | 3.1 TITLE                  | -  | ☐ Change ☐ Addition                 |  |
| NAME                   |   |                                   | 3.2 NAME                   |  |                                     |  |
| STREET ADDRESS         |   |                                   | 3.3 STREET ADDRESS         |  |                                     |  |
| CITY-ST-ZIP            |   |                                   | 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 ADORESS         |   |                                   | 6.3 STREET ADDRESS         |  |                                     |  |
| CITY-ST-ZIP            |   |                                   | 6.4 CITY-ST-ZIP            |  |                                     |  |

14. Thereby certify that the information supplied with this fiffig floes 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 suppliemental 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 appear with an address.

SIGNATURE:

954-764-5599