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

DOCUMENT # L58063 1. Corporation Name

CWM ENTERPRISES, INC.

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90047 035 ***150.00



	Mailing Address					
6691-WESTRIDGE DRIVE GREAT BENDD-KS-87330 C/O KENNETH R. WALL. CPA P.O. BOX 372408						
				DO NOT WOITE IN THIS STACE		
SATELLITE BEACH FL 3		17			THIS SPACE	
				[
_	2a. Mailing Address					plied For
THONY AVE.	26		59-2999815		t Applicable	
Suite, Apt. #, etc.			5. Certificate of Status Desired			
27						
City & S ate City & State City & State 23		28		6. Election Campaign Financing	,	•
				Trust Fund Contribution Added to F		
Zip Country Zip 24 6/003 - 23/2 25 USA 29		Country		8. This corporation owes the current year	_	art.
USA	29	30		Personal Property Tax.		No
Add ess of Current	Registered Agent			10. Name and Address of New Registe	ered Agent	
		81	Name			
		82	Street Acc	tress (P.O. Box Number is Not Acceptable)		
A		02	Juest Acc	Stood (1.10. Box (fallies) to ffor tidesplatery)		
SATELLITE BEACH FL 32937		83				
		84	City		85 Zip (Code
			nt signature requ			OF C IN 12
OFFICERS AND				ADDITIONS/CHANGES TO OFFICER		Addition
	☐ DELETE				Change	[_] Addition
		1.2 NAME				
		1.3 STREE	TADDRESS 9/	9 NORTH MUTHONY AVE.		
ID K<u>S 6</u>7530 -		1.4 CITY-5	ST-ZIP	MTHONY, KS 67603-2312		Addition
	L_ DELETE	2.1 TITLE			Change	L] Addition
ida I.		22 NAME		IS Now A - IN A SET		
IDGE DRIVE		2.3 STREE	TADDRESS 9	17 Nout Invinonymen.		
) KS 67530-		2. 4 CITY-	ST-ZIP	noway Ks 67003-231	<u> </u>	
	☐ DELETE	3.1 TITLE	[· •	☐ Change	Addition
		3.2 NAME				
		3.3 STREE	TADDRESS			
		3.4. CITY-	ST-ZIP			
					_ ~·	Addition
	DELETE	4.1 TITLE			Change	
	☐ DELETE	4.1 TITLE 4.2 NAME			Change	
	☐ DELETE	4. 2 NAME	T ADDRESS		[_] Change	
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BOX 372408 SATELLITE BEACH FL 32/97 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Country Zip Country Zip Country Zip Address of Current Registered Agent 81 Name 82 Street Act 84 City Of Sections 607.0502 and 607.1508, Florida Statures, the above-named core both, in the State of Florida. Such change was authorized by the corporand accept the obligations of, Section 607.0505, Florida Statutes. OFFICERS AND DIRECTORS 13. RLES R 10BE-DR 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP IDA L 1.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP IDELETE 3.1 TITLE 3.5 STREET ADDRESS 2.4 CITY-ST-ZIP IDELETE 3.1 TITLE 3.5 STREET ADDRESS 3.4 CITY-ST-ZIP IDELETE 3.1 TITLE 3.5 STREET ADDRESS 3.4 CITY-ST-ZIP IDELETE 3.1 TITLE 3.5 STREET ADDRESS 4.4 CITY-ST-ZIP IDELETE 3.1 TITLE	C/O KENNETH R. WALL. CPA P.O. BOX 372408 SATELLITE BEACH FL 32/97 2a. Mailing Address 2b. Suite. Apt. #, etc. 2c. Suite. Apt. #, etc. 27 City & State Country 2b Country 29 30 Country 29 30 Address of Current Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) FL 32937 65 Street Address (P.O. Box Number is Not Acceptable) 67 Sections 607.0502 and 607.1508. Florida Status es. the above-named corporation submits this statement for the purpoor both, in the State of Florida. Such change was authorized by the corporation's board of cirectors. I hereby accept the and accept the obligations of, Section 607.0505, Florida Statuses. 67 Sections 607.0502 and 607.0505. Florida Status es. the above-named corporation submits this statement for the purpoor both, in the State of Florida. Such change was authorized by the corporation's board of cirectors. I hereby accept the and accept the obligations of, Section 607.0505, Florida Statuses. 68 69 Street Address (P.O. Box Number is Not Acceptable) 60 Sections 607.0502 and 607.0505, Florida Status es. 60 In the State of Florida. 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CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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 recuired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with a little empowered.

64 CITY-ST-ZIP

SIGNATURE:

NING OFFICE: COR DIRECTOR