

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

FILED  
Apr 09 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000022572 (7)**  
1. Corporation Name  
**KOWIE ENTERPRISES, INC.**



Principal Place of Business  
**697 LAKE DEXTER CIRCLE  
WINTERHAVEN FL 33884**

Mailing Address  
**697 LAKE DEXTER CIRCLE  
WINTERHAVEN FL 33884**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 450 PINEHURST COURT</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26 450 PINEHURST COURT</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>03/13/1996</b>	
22 City & State <b>23 WINTER HAVEN</b>		27 City & State <b>28 WINTER HAVEN</b>		4. FEI Number <b>58-2227132</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
24 FL 33884 25 USA		29 FL 33884 30 USA		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>SNOEK, L J 697 LAKE DEXTER CIRCLE WINTERHAVEN FL 33884</b>		10. Name and Address of New Registered Agent <b>81 Name SNOEK L. J. 82 Street Address (P.O. Box Number is Not Acceptable) 450 PINEHURST COURT 83 84 City WINTER HAVEN FL 85 Zip Code 33884</b>	
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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 *L J SNOEK* **L J. SNOEK** **04/06/98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D SCHULTZ, DENNIS 697 LAKE DEXTER CIRCLE WINTERHAVEN FL 33884</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<b>SCHULTZ DENNIS 450 PINEHURST COURT WINTERHAVEN FL 33884</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 changed, or on an attachment with an address.

SIGNATURE: *ALLAN G. SNOEK* **ALLAN G. SNOEK** **04/06/98 (941) 325 8463**

CR2E034 (10/97)