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|--|---|---|--|
| <h1 style="margin: 0;">DOCUMENT # P97000031388</h1>  |   |   |  |
| <b>1. Entity Name</b><br><div style="border: 1px solid black; padding: 5px; margin-top: 5px;">K.C. WHEELER ENTERPRISES, INC.</div>                                 |   |   |  |
| <b>Principal Place of Business</b><br>1315 13TH TERRACE<br>PALM BEACH GARDENS FL 33418   |   | <b>Mailing Address</b><br>1315 13TH TERRACE<br>PALM BEACH GARDENS FL 33418-3687   |  |
| <b>2. Principal Place of Business</b>  |   | <b>3. Mailing Address</b>   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |  |
| City & State   |   | City & State  |  |
| Zip  | Country   | Zip   | Country  |
| <b>6. Name and Address of Current Registered Agent</b>   |   |   |  |
| <b>FRANKLIN, ELLIOTT</b><br><b>5315 LAKE WORTH RD</b><br><b>LAKE WORTH FL 33463</b>  |   |   | Name   |
|  |   |   | Street Address ( )                             |
|  |   |   |  |
|  |   |   | City   |
| <b>8. The above named entity submits this statement for the purpose of changing its registered office or register</b>  |   |   |  |
| <b>SIGNATURE</b> _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small> |   |   |  |
| <b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b><br>(See criteria on back) <input type="checkbox"/>    |   | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2000 Fee will be \$550.00</b><br><b>Make Check Payable to Department of Sta</b> |  |
| <b>11. OFFICERS AND DIRECTORS</b>  |   |   | <b>12.</b>                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>WHEELER, KANE C<br>1315 13TH TERRACE<br>PALM BEACH GARDENS FL 33418 |   | <input type="checkbox"/> Delete                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |

SIGNATURE: Kane C. Wheeler KANE C. WHEELER 4/14/02 561-627-5918  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)