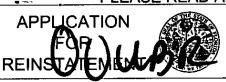
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT# **P98000104068**

1. Corporation Name

K.W.R. ENTERPRISE, INC.

Principal Place of Business

Mailing Address

1417 CHAMALE LANE PORT ORANGE FL 32119 1417 CHAMALE LANE PORT ORANGE FL 32119



FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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If above s	addragges are in	correct in any way line th	arough incorrect in	oformation ar	nd enter correction below				
If above addresses are incorrect in any way, line through incorrect 2. New Principal Office Address, If Applicable 3. New Ma				ling Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 12/11/1998			
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.			5. FEI Number Applied For			
City & State . City & State			City & State	and the same of the same			<u>. 59-3546846</u>		Not Applicable
Zip Country Zip			Country		6. CERTIFICATE OF STATUS DESIRED for a Certificate of Status				
7. Names	and Street Addr	esses of Each Officer an	d/or Director (Flo	rida nonprof	it corporations must list at lea	ast 3 directors)			
Title(s) Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip				
PD	PD RUMBOW, KIRK W		1417 CHAMALE LANE		PORT ORANGE FL 32119				
						10	000034 -11/28/tit ****150.	7909 	:14 2 011 :*150.00
									
						<u>J</u>	1 11/2		
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent				
					Name	_		was su	ر سور جو
TICE, JAMES E 16220 S.W. 280TH ST. HOMESTEAD FL 33031				Street Address (P.O. Box Number is Not Acceptable)					
				Suite, Apt. #, Etc	Suite, Apt. #, Etc.			· -	
					City			State Zip	Code
10. I, beir	ng appointed the	registered agent of the a	bove named corp	oration, am	familiar with and accept the o	obligations of Sect	ion 607.0505, F.S.		
Signature of Registered Agent SIGNATURE REQUESTIBLE REGISTERED AGENT MUST SIGN				EQUIRED	JIRED Date				
this rei	instatement appl by the corporation	ficer or director or the redication, the reason for dis	eiver or trustee er ssolution has beer e names of individ	mpowered to n eliminated, duals listed o	o execute this application as the corporate name satisfier on this form do not qualify for e legal effect as if made unde	s the requirements r an exemption un	S OT SECTION 607.0407 OF	017. 0401, F .	.5., that all lees

JAMES E. TICE ASSOCIATES



Accountants 16220 S.W. 280th Street Homestead, Florida 33031

Telephone: (305) 247-3700

Fax: Call First Cellular Phone: 305-322-5715

nov 2 2000

Floreda Deptof Stole Devesión of Carparations P.O Bot 6327 Tallaharsee, Fla 32314

Re: KWR ENTerpreses Suc. P98600104068

Place accept this payment for m Rumbow never received the first maeling.

Mark your for their Consecleration

James & Thee