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Feb 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K70476 (2)
1. Corporation Name
SAM OWENS, INC.



Principal Place of Business: 1900 W MCNAB AVENUE, 1800 W. MCNAB ROAD, DELRAY BEACH FL 33444 US
Mailing Address: 17770 WAGON WHEEL DRIVE, 1800 W. MCNAB ROAD, BOCA RATON FL 33496-1212 US

3. Date Incorporated or Qualified: 03/06/1989
3a. Date of Last Report: 01/25/1996
4. FEI Number: 65-0160923
5. Certificate of Status Desired: [] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [] \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [X] Yes [] No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-sections for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: OWENS, SAM JAY, 1900 MCNAB AVE, BLDG C, DELRAY BEACH FL 33444

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

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: Sam Jay Owens (with handwritten signature) DATE: 1.30.97

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	OWENS, SAM JAY	
STREET ADDRESS	17770 WAGON WHEEL DR.	
CITY-ST-ZIP	BOCA RATON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		

14. I do 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: Sam Jay Owens (with handwritten signature) DATE: 1.30.97

CR2E034 (9/96)