
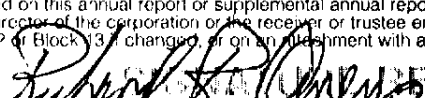


FILED

Apr 10 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 # L57874				(4)	
1. Corporation Name RICHARD R. OWENS, INC.					
Principal Place of Business 895 FOX VALLEY DRIVE #133 LONGWOOD FL 32779			Mailing Address 400 E COLONIAL DR #509 ORLANDO FL 32803-4530 US		
2. Principal Place of Business			2a. Mailing Address		
21 Suite, Apt #, etc			26 Suite, Apt #, etc.		
22 City & State			27 City & State		
23 Zip Country			28 Zip Country		
24			29 30		
9. Name and Address of Current Registered Agent					
OWENS, RICHARD R. 400 EAST COLONIAL #509 ORLANDO FL 32803				81 Name	
				82 Street Address	
				83	
				84 City	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)					
12. OFFICERS AND DIRECTORS					
13.					
1. TITLE			1.1 TITLE		
1. NAME			1.2 NAME		
1. STREET ADDRESS			1.3 STREET ADDRESS		
1. CITY - ST - ZIP			1.4 CITY - ST - ZIP		
2. TITLE			2.1 TITLE		
2. NAME			2.2 NAME		
2. STREET ADDRESS			2.3 STREET ADDRESS		
2. CITY - ST - ZIP			2.4 CITY - ST - ZIP		
3. TITLE			3.1 TITLE		
3. NAME			3.2 NAME		
3. STREET ADDRESS			3.3 STREET ADDRESS		
3. CITY - ST - ZIP			3.4 CITY - ST - ZIP		
4. TITLE			4.1 TITLE		
4. NAME			4.2 NAME		
4. STREET ADDRESS			4.3 STREET ADDRESS		
4. CITY - ST - ZIP			4.4 CITY - ST - ZIP		
5. TITLE			5.1 TITLE		
5. NAME			5.2 NAME		
5. STREET ADDRESS			5.3 STREET ADDRESS		
5. CITY - ST - ZIP			5.4 CITY - ST - ZIP		
6. TITLE			6.1 TITLE		
6. NAME			6.2 NAME		
6. STREET ADDRESS			6.3 STREET ADDRESS		
6. CITY - ST - ZIP			6.4 CITY - ST - ZIP		
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13, if changed, or on an attachment with an address.					
SIGNATURE:  REQUIRED					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)