SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99. \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999

RICHARD R. OWENS, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS FILED

99 SEP 27 AH 8: 58

SECRETATIVE OF STATE TALLAMASSEE FLORIDA

Principal Place of Business		of Business	Mailing Address			Translam dan disin 10001 16411 dadir didir didir didir didir didir didir didir didir		
895 FOX VALLEY DRIVE #133 LONGWOOD FL 32779			400 E COLONIAL DR			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
			#509					
			ORLANDO FL 32803 US					
			00			03/16/1990		
,	Principal Dr	in. e of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		or the mices	26			59-2999337	Not Applicable	
22	Suite, Apt	n, et.	Suite, Apt #, etc	=		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
122	' Oly & Stib		City & State			6. Election Campaign Financing	\$5.00 May Be	
23	1 '		28			Trust Fund Contribution	Added to Fees	
24	- Zգ։ [Country 25	Z-ip [29]	Country	•	This corporation owes the current year Intangible Personal Property.	Yes No	
1	1	9. Name and Address of Curr	1 1			10. Name and Address of New Register	ed Agent	
ĺ				81	Name			
OWENS, RICHARD R.				82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
400 EAST COLONIAL #509 ORLANDO FL 32803								
			63	83				
	UKL	MDO FL 32803		84	City		85 Zip Code	
					l	<u>, </u>		
1	H. Pursuant office or i	to the provisions of sections 607.05 and stered agent, or both, in the Sta	502 and 607.1508, Florida Statute to of Florida, Such change was a	s, the above authorized by	named corporation	ration submits this statement for the purpose o on's board of directors. I hereby accept the ap	I changing its registered pointment as registered	
	agent la	mi familiar with, and accept the obt	igations of, section 607.0505, Fig	rida Statutes				
5	SIGNATURE	Signature Typed or printed name of registered a	na distribution di anni abbi	ITE Registered &	ment tigoature recu	aired when reinstating) DATE		_
1	2.		AND DIRECTORS	13.	gon vig and over	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	CRZE034 (5/99)
ļ	i F	D	[DELETE	1 1 TITLE	1		Change Addition	<u> (5</u>
N.	Q141	OWENS, RICHARD R.	2	12 NAME	1	1 00000300	161419	8
5	STEED FALTHER 400 E. COLONIAL, #509			13 STREET	ADDRESS	-10/05/9901088008		띮
0	115-91-27:	ORLANDO FL		14 C(TY-S)	r-ZiP	****550.1	00 ****550.00	K
1	F		[DELETE	2 1 TITLE			Change Addition	_
l N	49:			2.2 NAME				
S	SQUEEN A SHEET			23 STKEET	ADDRESS			
0	0.6120			2.4 CITY-S1	r-zie			
1	1,1		DELETE	3 1 TITLE			Change Addition	
ř.	41.9			3.7 NAME				
5	Feet LATERS See			335TREE				
1	11 1 2 1 2 1		E.1.	3.4 CiTY-S1	r-zie			
	+. f		DETELF	4 1 TITLE			L. Change L. Addition	
	111			4 2 NAME				
15	Herri Attentis i			43 STREET				
1	d 51 20		r I	4.4 CITY-S	r-zip			
Ц	1.8		DELETE	5 1 TITLE			[Change [] Addition	

5 2 NAME 5 3 STREET ADDRESS

61THLE

62NAME

5.4 CITY-ST-ZIP

63 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

CP - \$1.20

Steel (Africa) S

1 . :

4,454

14 Threeby certify that the information supplied with this filling 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 other or of rector 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 thick 12 or Block 13 if change I organ an alterial requirement.

DELETE

[Change [] Addition