FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **M59081** **(3)**

1. Corporation Name

OWEN ASSOCIATES, INC.

Principal Place of Business

1450 SHERIDAN STREET
SUITE E17
HOLLYWOOD FL 33020

Mailing Address

1450 SHERIDAN STREET
SUITE E17
HOLLYWOOD FL 33020

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

3. Date Incorporated or Qualified: **09/15/1987**

3a. Date of Last Report: **03/06/1995**

4. FEI Number: **65-0006919**

Applied For ☐ Not Applicable ☐

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. Does corporation have liability for intangible tax under s. 199.032, Florida Statutes? ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SINGER, BERNARD A.
4700 SHERIDAN ST., BLDG B
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0501 and 617.1501, 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 corporation is qualified to do business in Florida and I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Date

12. OFFICERS AND DIRECTORS

TITLE	PST	☐ DELETE
NAME	OWEN, MARY JANE	
STREET ADDRESS	1450 SHERIDAN ST. #E17	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	D	☐ DELETE
NAME	OWEN, MARY JANE	
STREET ADDRESS	1450 SHERIDAN ST. #E17	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE		☐ DELETE
NAME	OWEN, EDWARD N	
STREET ADDRESS	1450 Sheridan St, E-17	
CITY-ST-ZIP	Hollywood, FL 33020	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is true, complete and accurate. For purposes of sec. 817.155, Florida Statutes, I further certify that the information indicated on this report or supplemental attachment 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 added, on this report or on an attachment with an blank.

SIGNATURE: Mary Jane Owen Mary JANE OWEN 4-10-96 954 [redacted]-8580

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #