## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M59081

(3)

OWEN ASSOCIATES, INC.

**FILED** 

Apr 17 1998 8:00am

Secretary of State

Principal Place	e of Business	Mailing Address		I IUUUDAILI UUT BIIRU AUAH GUUUR AUAH ARAH URAK U	OH BIEN GION ONDN DION TOOL
1450 SHERIDAN STREET 1450 SHERIDAN STREET				· I	
SUITE E17 SUITE E17					
HOLLYWOOD FL 33020 HOLLYWOOD		HOLLYWOOD FL 33020	DO NOT WRITE IN THIS SPACE		SPACE
				3. Date Incorporated or Qualified 09/15/1987	
2. Principal P	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0006919	Not Applicable
Sulte, Apt.	#, <b>6</b> tc.	Suite, Apt. #, etc.		<b>5.</b> Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	8	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	<del></del>
24	25	29 3	<u>o</u>	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered	1 Agent
SINGER, BERNARD A.			81 Name	ERNARD A. SING	ER. PA
4700 SHERIDAN ST., BLDG B			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
HOLLYWOOD FL 33021			83	925-A SHERIDA	V 57,
			84 City	1/11 Wood FI	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statutes	, the above-named cor	poration 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					
12.	Signature, typed or printed name of registered ag	ent and little if applicable (NOTE: I ID DIRECTORS	Registered Agent signature requ	aired when reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIDECTORS IN 10
TITLE	PS	DELETE	1.1 TOTLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	OWEN, MARY JANE		1.2 NAME		
STREET ADDRESS	1450 SHERIDAN ST. #E17		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CiTY-ST-ZIP		
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	OWEN, MARY JANE		2.2 NAME		
STREET ADDRESS	1450 SHERIDAN ST. #E17		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		2. 4 CITY - ST - ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		Change Addition
NAME	OWEN, EDWARD H.		3.2 NAME		
STREET ADDRESS	1450 SHERIDAN ST, E-17		3.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		3.4. CITY-ST-ZIP		T
TITLE		DELETE	4.1 TITLE		L Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY+ST-ZIP TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
NAME		□ Meete	5.2 NAME		Change C reduition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME		—	6.2 NAME		— …
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

14. I 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.

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4-13-90 954/02 Acres