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05/91/96

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000061736

1. Corporation Name

TERENCE C. OWEN, INC.

Principal Place of Business

USF, UNIT 30516, 4202 FOWLER AVENUE  
TAMPA FL 33620

Mailing Address

USF, UNIT 30516, 4202 FOWLER AVENUE  
TAMPA FL 33620

2. Principal Place of Business

21

Suite, Apt #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

81

Name

Spiegel & Utrera, P.A.

82

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

343 Almeria Avenue

83

84

City

Coral Gables

FL

85

Zip Code

33134

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 the provisions of Sections 607.0505, Florida Statutes.

SIGNATURE By:

Natalia Utrera, P.A.

(NOTE: Registered Agent Signature is required when changing agent)

12. OFFICERS AND DIRECTORS

TITLE	PSTD	[ ] DELETE
NAME	OWEN, BETTY P	
STREET ADDRESS	USF, UNIT 30516, 4202 FOWLER AVENUE	
CITY-ST-ZIP	TAMPA FL 33620	
TITLE	D	[ ] DELETE
NAME	OWEN, TERENCE C	
STREET ADDRESS	USF, UNIT 30516, 4202 FOWLER AVENUE	
CITY-ST-ZIP	TAMPA FL 33620	
TITLE		[ ] DELETE
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

13.

11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition

[ ] Change [ ] Addition

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\*\*\*150.00 \*\*\*150.00

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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, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TERENCE C. OWEN

3/12/99

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