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

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris FILED ANNUAL REPORT Secretary of State 1999 **DIVISION OF CORPORATIONS** COTTAY - 6 TH 2: 09 P97000056008 DOCUMENT # WETA PROTE, FLORIDA 1. Corporation Name O.W.N. ENTERPRISES, INC. Principal Place of Business Mailing Address 4400 SW 74th Way 4000 SW 47th Avenue Davie, Florida 33314 Davie, Florida 33314 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/25/1997 2. Principal Place of Business Mailing Address FEI Number Applied For 65-0763270 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #. etc \$8.75 Additional 5. Certificate of Status Desired Γ Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zıp Country Zφ 8. This corporation owes the current year Intangible [Yes 25 30 Personal Property Tax 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Charles N. D'Andrea, Jr. 4400 SW 74th Way 82 Street Address (P.O. Box Number is Not Acceptable) Davie, Florida 33314 83 84 Zip Code 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, 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 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 P,S,T,D D'Andrea, Charles N., Jr. 4000 SW 47th Avenue □ DELETE 11 TITLE ☐ Change Addition TITLE 1.2 NAME NAME 13 STREET ADDRESS STREET ADDRESS Davie, Florida 33314 14 CITY-ST-ZIP CITY-ST-ZIP DELETE 21 TITLE Change Addition TITLE 2.2 NAME NAME -05/14/99--(01065--004 STREET ADDRESS 23 STREET ADDRESS ****150.00 ****150.0G CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE 3.2 NAME NAME 33 STREET ADORESS STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP DELETE Change Addition TITLE 4 1 TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP [] DELETE [] Change [] Add to TITLE 51 TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP 6 TITLE [] DELETE TITLE 62 NAME NAME 63 STREET ADDRESS STREET ADDRESS 64 CITY, ST. ZIP CITY-ST-ZIP 14. Thereby 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.

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.