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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000079232

1. Corporation Name

OWEN & COMPANY, INC.

Prir	ncipal	Place o	f Bu	siness
200	FAST	RORING	ΩN	STOFF

Mailing Address

200 EAST ROBINSON STREET

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90186 049 ***150.00

3. Date Incorporation of Counting May 12/1997 2. Principal Place of Business 2. A Making Address 3. Set 1.	SUITE 500 ORLANDO FL 32801		SUITE 500 ORLANDO FL 32801		DO NOT WRITE IN THIS SPACE				
22, Principal Pioce of Business 28 Mailing Address 4, FEI Number 59-3467070 58.75 Additions						1 7			
Sulfo, Ap I. # etc. 28 Sulfo, Ap I. # etc. Sp. 3447070 Sp. 345000 Sp. 35 Additional Sp. 75 Ad	0.0:-:-10	In a f Dunings	2- Mailing Address				$\overline{}$	TAnn	lied For
Suite, Apt #, etc. Suite, Apt #, etc. Suite, A	 -	lace of Busilless	<u> </u>			1 12	F		
City & State	21				····	39-3467070	42		
City & State City & State City & City & State City & City & State City &		#, etc.	⊢			5_Certificate of Status Desired			
Added to Fees Added to Fee	22					- Fi ii G i Fi -i			
2 2 2 3 3 3 3 3 3 3		e	⊢ ′						
9. Name and Address of Current Registered Agent FLORIDA CORPORATE SUPPORT, INC. 200 EAST ROBINSON STREET SUITE 500 ORLANDO FL 32801 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-warned corporation submits this statement for the purpose of changing its registered organic mismaliar with, and accept the obligations of, Section 607 0505, Florida Statutes, the above-warned corporation submits this statement for the purpose of changing its registered conflict in the State of Priodics, Such change was authorised by the corporation's board of directors. I hereby accept the appointment as registered organic mismaliar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE PSD OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PSD OWEN, PHILLIP D OWEN, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE D OWEN, PHILLIP D OWEN, CHARLES 12 VINGINIA DR. 12 STREET ADDRESS SIGNALS THE STATE ORGESS SIGNALS THE STAT	23								rees
9. Name and Address of Current Registered Agent FLORIDA CORPORATE SUPPORT, INC. 200 EAST ROBINSON STREET SUITE 500 ORLANDO FL 32801 11. Pursuant to the provisions of Sections 607 0502 and 807 1508. Florida Statutes. the above-named corporation submits this statement for the purpose of changing its registered agent. I mainlier with, and accept the obligations of, Section 607 0505. Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE PSD OWEN, PHILLIP D 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. NAME OWEN, PHILLIP D 15. STREET ALORESS 15. SUNNET POINT BLVD OWEN, CHARLES 15. SUNNET POINT BLVD 15. STREET ALORESS	·		⊢	٠ `		[-: ·			Σήλιο I
FLORIDA CORPORATE SUPPORT, INC. 200 EAST ROBINSON STREET SUITE 500 ORLANDO FL 32801 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the adversariance of Sections 607,0502 and 607,1508, Florida Statutes, the adversariance of Sections 607,0502 and 607,1508, Florida Statutes, the adversariance of Sections 607,0502 and 607,1508, Florida Statutes, the adversariance of Sections 607,0502 and 607,1508, Florida Statutes, the adversariance of Sections 607,0502 and 607,1508, Florida Statutes, the adversariance of Sections 607,0502 and 607,1508, Florida Statutes, the adversariance of Sections 607,0502 and 607,1508, Florida Statutes, the corporation submits this statement for the purpose of changing its registered agent, and the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and the state of Florida Statutes, the corporation's board of directors. I hereby accept the appointment as registered agent, and the state of Florida Statutes, the composition submits this statement for the purpose of changing it registered degree of the state of Florida Statutes, the corporation's board of directors. I hereby accept the appointment as registered agent, and the corporation's board of directors. I hereby accept the appointment as registered agent, and the corporation's board of directors. I hereby accept the appointment as registered degree of the state of Florida Statutes, the corporation's board of directors. I hereby accept the appointment as registered degree of the state of Florida Statutes, the corporation's board of directors. I hereby accept the appointment as registered degree of the state of Florida Statutes, the corporation's board of directors. I hereby accept the appointment as registered degree of the state of Florida Statutes, the corporation's board of directors. I hereby accept the appointment as registered degree of the state of Florida Statutes, the corporation submits this statement for the	24			<u> </u>				<u>. </u>	-
FLORIDA CORPORATE SUPPORT, INC. 200 EAST ROBINSON STREET SUITE 500 ORLANDO FL 32801 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 507,0502 and 607,1508, Florida Statuties, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statuties. SIGNATURE Signaluri, type of protein gave of registered agent, and manifer with, and accept the obligations of, Section 607,0505, Florida Statuties. SIGNATURE Signaluri, type of protein gave of registered agent age		9. Name and Address of Curren	t Registered Agent	91	Nesso	10. Name and Address of New Registered	-you		
200 EAST ROBINSON STREET SUITE 500 ORLANDO FL 32801 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 agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the approximent as registered agent, and familiar with, and accept the obligations of, Section 607.0905, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and familiar with, and accept the obligations of, Section 607.0905, Florida Statutes. SIGNATURE Signature, upon or protect in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the approximent as registered agent, and accept the obligations of, Section 607.0905, Florida Statutes. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE OWEN, PHILLIP D STREET ADDRESS 2512 VIRGINIA DR. 13. STREET ADDRESS CITY 51.72P 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. CITY 51.72P 15. STREET ADDRESS 15. SUNSET POINT BLVD 15. STRE	ELOI	DIDA CORRODATE SURROOT IN	C	01	Name				
SUITE 500 ORLANDO FL 32801 83 84 City FL 85 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, and an armillar with, navid accept the obligations of, Section 607,0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I manufacture of registered agent and accept the obligations of, Section 607,0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I manufacture of registered agent a			U .	82	82 Street Address (P.O. Box Number is Not Acceptable)				
ORLANDO FL 32801 B4 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutos, 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 office or registered accept the obligations of, Section 607.055, Florida Statutes. SIGNATINE Signature, upped or proved name of registered agent and tist a spaticular agent and the remainder of the purpose of changing its registered of the corporation's board of directors. I hereby accept the appointment as registered agent agents						<u> </u>			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes above-named corporation submits this statement for the purpose of changing its 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 SIGNATURE SIGNATURE PSD OWEN, PHILLIP D SIGNATURE PSD OWEN, PHILLIP D SIZE 1.1 ITTLE SIZE AVAGE SISSIMMEE FL 34741 SIZE AVAGE SISSIMMEE FL 34741 SIZE AUTY-51-2P SIZE A				83					
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 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, 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, tam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PSD OWEN, PHILLIP D STREET ADDRESS CITY 51-2P KISSIMMEE FL 34741 12. ITTLE OWEN, CHARLES STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS TO OWEN, CHARLES STREET ADDRESS S	OKD	ANDU FL 32801		84	City		85	Zip C	ode
office or registered agent, or both, in the State of Flonds. Such change was authorized by the corporation's board of directors. I nereby accept the approximent as registered agent, and accept the obligations of, section 607.0505. Florida Statutes. SIGNATURE	e.					· · · · · · · · · · · · · · · · · · ·	<u>. 1 1</u>		
Signature, Speed or printed rame of registered agent and take it applicable. (NOTE: Registered Agent arequired when rentation) DATE	office or n agent. I a	egistered agent, or both, in the State	of Florida. Such change was auth	orized by	the corporati	on's board of directors. I hereby accept the appoin	ıtment	as regi	istered
TITLE	SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Re	gistered Ager	t signature require	ed when reinstating) DATE			
The companies of the	12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN			
NAME OWEN, PHILLIP D STREET ADDRESS 2512 VIRGINIA DR. (INSIMMEE FL 34741 TITLE D OWEN, CHARLES STREET ADDRESS CITY-ST-ZP KISSIMMEE FL-34744 12 CITY-ST-ZP CITY-ST-ZP KISSIMMEE FL-34744 13 STREET ADDRESS CITY-ST-ZP KISSIMMEE FL-34744 14 CITY-ST-ZP TITLE D OWEN, MARIAN STREET ADDRESS CITY-ST-ZP KISSIMMEE FL-34741 14 CITY-ST-ZP TITLE A CITY-ST-ZP TITLE A STREET ADDRESS CITY-ST-ZP TITLE A CITY-ST-ZP	TITLE	PSD	☐ DELETE	1,1 TITLE			☐ Ch	ange	☐ Addition
STREET ADDRESS	NAME			1.2 NAME					
CITY_ST_ZIP				13 STREE	ADDRESS				
D									
NAME OWEN, CHARLES 150 SUNSET POINT BLVD 23 STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL-34744 24 CITY-ST-ZIP Change Addition Ad			☐ DELETE		·		☐ Ch	ange	Addition
STREET ADDRESS 150 SUNSET POINT BLVD 23 STREET ADDRESS		1 T	_		ļ				ļ
CITY-ST-ZIP		/			ANNOESS				
TITLE					_1.	the second secon	~	_	
NAME			□ DELETE		11-ZIP		□ Ch	ange	☐ Addition
STREET ADDRESS 2512 VIRGINIA DR 3.3 STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL 34741 3.4 CITY-ST-ZIP TITLE		\ *	C) DECE IE	ŧ				ugu	
CITY-ST-ZIP KISSIMMEE FL 34741 34.CITY-ST-ZIP TITLE	NAME	· · · · · ·							Ì
TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME	STREET ADDRESS			3.3 STREE	FADDRESS				
NAME	CITY-ST-ZIP	KISSIMMEE FL 34741			T-ZIP				□ Additi
A3 STREET ADDRESS A4 CITY-ST-ZIP A4 CITY-ST-ZIP Change Addition	TITLE		☐ DELETE				Пси	ange	☐ Youriou
Addition	NAME			4, 2 NAME					}
TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME </td <td>STREET ADDRESS</td> <td></td> <td></td> <td>4,3 STREE</td> <td>ADDRESS</td> <td></td> <td></td> <td></td> <td></td>	STREET ADDRESS			4,3 STREE	ADDRESS				
NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP TITLE □ DELETE 61 TITLE NAME STREET ADDRESS 6.2 NAME 6.3 STREET ADDRESS 6.4 STREET ADDRESS 6.4 STREET ADDRESS	CITY-ST-ZIP			4.4 CITY-S	T-ŽIP				
STREET ADDRESS	TITLE		☐ DELETE	5.1 TITLE	1		∐ Ch	ange	
5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP 6.1 TITLE	NAME			5.2 NAME					
TITLE DELETE STITLE Change Addition NAME STREET ADDRESS STRE	STREET ADDRESS			5.3 STREE	ADDRESS				
TITLE G 1 TITLE G Addition NAME STREET ADDRESS 6 1 TITLE 6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 COTY ST 700	CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
STREET ADDRESS 6.3 STREET ADDRESS 6.4 CCTV ST. 709			☐ DELETE	61 TITLE			☐ Ch	ange	☐ Addition
STREET ADDRESS 6.3 STREET ADDRESS 6.4 CRY ST. 70	NAME			6.2 NAME					
C / CTT / CT 7/D				6.3 STREE	ADDRESS				
	CITY-ST-ZIP			6,4 CITY-S	T-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, with all other like empowered.

SIGNATURE:

ATIME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR