

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 09, 1999 8:00 am**  
**Secretary of State**

08-09-1999 90007 022 \*\*\*550.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # P98000038747**  
 1. Corporation Name  
**OWEN/2 INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**200 EAST ROBINSON STREET. #900** **200 EAST ROBINSON STREET. #900**  
**ORLANDO FL 32801** **ORLANDO FL 32801**

3. Date Incorporated or Qualified  
**04/29/1998**

2. Principal Place of Business <b>21</b> <i>same</i>	2a. Mailing Address <b>26</b> <i>same</i>	4. FEI Number <b>59-3519449</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. <b>22</b> <i>Suite 400</i>	Suite, Apt. #, etc. <b>27</b> <i>Suite 400</i>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
City & State <b>23</b> <i>same</i>	City & State <b>28</b> <i>same</i>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
Zip <b>24</b> <i>same</i>	Country <b>25</b> <i>same</i>	Zip <b>29</b> <i>same</i>	Country <b>30</b> <i>same</i>
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OWNE, WILLIAM H**  
**200 EAST ROBINSON STREET, #900**  
**ORLANDO FL 32801**

81 Name <i>William H. OWEN</i>	85 Zip Code <i>same</i>
82 Street Address (P.O. Box Number is Not Acceptable) <i>same</i>	
83 <i>Suite 400</i>	
84 City <i>same</i>	FL

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 *William H. Owen* DATE *8/2/99*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE <input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>OWEN, WILLIAM H</b>	1.2 NAME
STREET ADDRESS <b>200 EAST ROBINSON STREET, #900</b>	1.3 STREET ADDRESS <i>suite 400</i>
CITY-ST-ZIP <b>ORLANDO FL 32801</b>	1.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BELTSCH, OWEN M</b>	2.2 NAME
STREET ADDRESS <b>200 EAST ROBINSON STREET, #900</b>	2.3 STREET ADDRESS <i>suite 400</i>
CITY-ST-ZIP <b>ORLANDO FL 32801</b>	2.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3.2 NAME
STREET ADDRESS	3.3 STREET ADDRESS
CITY-ST-ZIP	3.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4.2 NAME
STREET ADDRESS	4.3 STREET ADDRESS
CITY-ST-ZIP	4.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5.2 NAME
STREET ADDRESS	5.3 STREET ADDRESS
CITY-ST-ZIP	5.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *William H. Owen* DATE: *8/2/99* (407)843-5635

CR2E034 (5/99)