

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
 Jul 16 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P25122 (3)  
 1. Corporation Name  
**OWEN ENGINEERING & MANAGEMENT CONSULTANTS, INCORPORATED**

Principal Place of Business: 5353 WEST DARTMOUTH AVE., STE 307, DENVER CO 80227  
 Mailing Address: 5353 WEST DARTMOUTH AVE., STE 307, DENVER CO 80227



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified: 07/10/1989

4. FEI Number: 84-0893869 Applied For: Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
 OWEN, WILLIAM F.  
 1240 FLYING BRIDGE LANE  
 SUITE 200  
 OSPREY FL 34229

10. Name and Address of New Registered Agent  
 81 Name: OWEN, WEBSTER J., JR.  
 82 Street Address (P.O. Box Number Is Not Acceptable): 1240 FLYING BRIDGE LANE  
 83 SUITE 200  
 84 City: OSPREY FL 85 Zip Code: 34229

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 F. Owen* DATE: 7/6/98

12. OFFICERS AND DIRECTORS

TITLE: PD	OWEN, WILLIAM F.	<input type="checkbox"/> DELETE
STREET ADDRESS: 5353 W. DARTMOUTH AVE.		
CITY-ST-ZIP: DENVER CO		
TITLE: VST	OWEN, WEBSTER J., JR.	<input type="checkbox"/> DELETE
STREET ADDRESS: 3377 COACH LN. S-K		
CITY-ST-ZIP: CAMERON PARK CA		
TITLE: D	OWEN, WEBSTER J., JR.	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS: 3377 COACH LN. S-K		
CITY-ST-ZIP: CAMERON PARK CA		
TITLE:		<input type="checkbox"/> DELETE
STREET ADDRESS:		
CITY-ST-ZIP:		
TITLE:		<input type="checkbox"/> DELETE
STREET ADDRESS:		
CITY-ST-ZIP:		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: PD	OWEN, WEBSTER J., JR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME:		
1.3 STREET ADDRESS: 5353 W. DARTMOUTH AVE.,		
1.4 CITY-ST-ZIP: DENVER, CO		
2.1 TITLE: ST	OWEN, WEBSTER J., JR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME:		
2.3 STREET ADDRESS: 3377 COACH LANE, SUITE K		
2.4 CITY-ST-ZIP: CAMERON PARK, CA		
3.1 TITLE:		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME:		
3.3 STREET ADDRESS:		
3.4 CITY-ST-ZIP:		
4.1 TITLE:		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME:		
4.3 STREET ADDRESS:		
4.4 CITY-ST-ZIP:		
5.1 TITLE:		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME:		
5.3 STREET ADDRESS:		
5.4 CITY-ST-ZIP:		
6.1 TITLE:		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME:		
6.3 STREET ADDRESS:		
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 F. Owen* DATE: 7/6/98 530-677-5286

CR2E034 (5/98)