

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 23 PM 3: 23

DOCUMENT # **L07673** (1)
1. Corporation Name
THEO TWO CORP.

Principal Place of Business Mailing Address
3416 SW ARCHER ROAD **1310 NW 23 AVE**
GAINESVILLE FL 32608 **SUITE A**
GAINESVILLE FL 32605
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/07/1989	3a. Date of Last Report 04/21/1994
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2967712	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Deferment <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under S. 199(3)(c), Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LEONARD, WILLIAM ROBERT 633 SOUTH ANDREWS AVE SUITE 402 FT. LAUDERDALE FL 33301				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				FL B5 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 Florida agent office Signature: Registered Agent signature (required after registration)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 13)	
TITLE	D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONARD, WILLIAM ROBERT	12 NAME	
STREET ADDRESS	4875 N. FEDERAL HWY	13 STREET ADDRESS	
CITY, ST, ZIP	FT. LAUDERDALE FL	14 CITY, ST, ZIP	
TITLE	O	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THEOHARIS, BILLIE	22 NAME	
STREET ADDRESS	3038 N. ATLANTIC BLVD.	23 STREET ADDRESS	
CITY, ST, ZIP	FT. LAUD, FL 33311	24 CITY, ST, ZIP	
TITLE	O	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THEOHARIS, GEORGE	32 NAME	
STREET ADDRESS	3038 N. ATLANTIC BLVD.	33 STREET ADDRESS	
CITY, ST, ZIP	FT LAUD FL	34 CITY, ST, ZIP	
TITLE	O	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THEOHARIS, CON	42 NAME	
STREET ADDRESS	2312 N W 14TH PLACE	43 STREET ADDRESS	
CITY, ST, ZIP	GAINESVILLE, FL 32605	44 CITY, ST, ZIP	
TITLE	O	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THEOHARIS, JIM	52 NAME	
STREET ADDRESS	2312 NW 14TH PLACE	53 STREET ADDRESS	
CITY, ST, ZIP	GAINESVILLE, FL 32605	54 CITY, ST, ZIP	
TITLE	VP	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THEOHARIS, RICK	62 NAME	
STREET ADDRESS	2312 NW 14TH PLACE	63 STREET ADDRESS	
CITY, ST, ZIP	GAINESVILLE, FL 32605	64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and correct and qualify for the exemption stated in law here. I do not know of any other Florida Statutes that require that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall be in the same legal effect and capacity as if I am an officer or director of the corporation or the receiver or trustee empowered to own file this report as required by Florida Statutes, and that my name appears in Block 12 or Block 13 of this report.

SIGNATURE: *Con Theoharis* **CON THEOHARIS** *2/20/95* **907-377-6500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR