

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L07673** (1)

1. Corporation Name
THEO TWO CORP.



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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		08/07/1989	02/23/1995
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-2967712	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, 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				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONARD, WILLIAM ROBERT		1.2 NAME				
STREET ADDRESS	4875 N. FEDERAL HWY		1.3 STREET ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP				
TITLE	O	<input type="checkbox"/> DELETE	2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THEOHARIS, BILLIE		2.2 NAME				
STREET ADDRESS	3036 N. ATLANTIC BLVD.		2.3 STREET ADDRESS				
CITY-ST-ZIP	FT. LAUD, FL 33311		2.4 CITY-ST-ZIP				
TITLE	O	<input type="checkbox"/> DELETE	3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THEOHARIS, GEORGE		3.2 NAME				
STREET ADDRESS	3036 N. ATLANTIC BLVD.		3.3 STREET ADDRESS				
CITY-ST-ZIP	FT LAUD FL		3.4 CITY-ST-ZIP				
TITLE	O	<input type="checkbox"/> DELETE	4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THEOHARIS, CON		4.2 NAME				
STREET ADDRESS	2312 N W 14TH PLACE		4.3 STREET ADDRESS				
CITY-ST-ZIP	GAINESVILLE, FL 32605		4.4 CITY-ST-ZIP				
TITLE	O	<input type="checkbox"/> DELETE	5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THEOHARIS, JIM		5.2 NAME				
STREET ADDRESS	2312 NW 14TH PLACE		5.3 STREET ADDRESS				
CITY-ST-ZIP	GAINESVILLE, FL 32605		5.4 CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> DELETE	6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THEOHARIS, RICK		6.2 NAME				
STREET ADDRESS	2312 NW 14TH PLACE		6.3 STREET ADDRESS				
CITY-ST-ZIP	GAINESVILLE, FL 32605		6.4 CITY-ST-ZIP				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ DATE: 4/15/96 DAYTIME PHONE: 352-377-6322

CR2E034 (12/95)