

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

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**Apr 10 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32605-3009 US
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3. Date Incorporated or Qualified 06/07/1989	3a. Date of Last Report 04/18/1996
4. FEI Number 59-2967712	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
LEONARD, WILLIAM ROBERT
633 SOUTH ANDREWS AVE
SUITE 402
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	LEONARD, WILLIAM ROBERT
STREET ADDRESS	4875 N. FEDERAL HWY
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	O <input type="checkbox"/> DELETE
NAME	THEOHARIS, BILLIE
STREET ADDRESS	3036 N. ATLANTIC BLVD.
CITY - ST - ZIP	FT. LAUD, FL 33311
TITLE	O <input type="checkbox"/> DELETE
NAME	THEOHARIS, GEORGE
STREET ADDRESS	3036 N. ATLANTIC BLVD.
CITY - ST - ZIP	FT LAUD FL
TITLE	O <input type="checkbox"/> DELETE
NAME	THEOHARIS, CON
STREET ADDRESS	2312 N W 14TH PLACE
CITY - ST - ZIP	GAINESVILLE, FL 32605
TITLE	O <input type="checkbox"/> DELETE
NAME	THEOHARIS, JIM
STREET ADDRESS	2312 NW 14TH PLACE
CITY - ST - ZIP	GAINESVILLE, FL 32605
TITLE	VP <input type="checkbox"/> DELETE
NAME	THEOHARIS, RICK
STREET ADDRESS	2312 NW 14TH PLACE
CITY - ST - ZIP	GAINESVILLE, FL 32605

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	5118 N.W. 47TH LANE
5.4 CITY - ST - ZIP	GAINESVILLE, FL 32606
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	4010 N.W. 67TH PLACE
6.4 CITY - ST - ZIP	GAINESVILLE, FL 32653

14. I do 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: _____ **SIGNATURE REQUIRED** **1/7/96** **352-377-6322**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)