

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 US
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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. Zip	29. Zip
25. Country	30. Country

3. Date Incorporated or Qualified 08/07/1989	
4. FEI Number 59-2967712	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE _____ (PRINT) Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	0	<input type="checkbox"/> DELETE
NAME	LEONARD, WILLIAM ROBERT	
STREET ADDRESS	4875 N. FEDERAL HWY	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	0	<input type="checkbox"/> DELETE
NAME	THEOHARIS, BILLIE	
STREET ADDRESS	3036 N. ATLANTIC BLVD.	
CITY-ST-ZIP	FT. LAUD, FL 33311	
TITLE	0	<input type="checkbox"/> DELETE
NAME	THEOHARIS, GEORGE	
STREET ADDRESS	3036 N. ATLANTIC BLVD.	
CITY-ST-ZIP	FT LAUD FL	
TITLE	0	<input type="checkbox"/> DELETE
NAME	THEOHARIS, CON	
STREET ADDRESS	2312 N W 14TH PLACE	
CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	0	<input type="checkbox"/> DELETE
NAME	THEOHARIS, JIM	
STREET ADDRESS	5118 NW 47TH LANE	
CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	THEOHARIS, RICK	
STREET ADDRESS	4010 NW 67TH 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 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: *[Signature]* **Con Theoharis** 4/25/98 352-377-3400

CR2E034 (10/97)