

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

FILED
Feb 15, 1999 8:00 am
Secretary of State

02-15-1999 90001 023 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **L07673**

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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc. 22
 City & State 23
 Zip 24 Country 25

2a. Mailing Address
 26 Suite, Apt. #, etc. 27
 City & State 28
 Zip 29 Country 30

3. Date Incorporated or Qualified
08/07/1989

4. FEI Number
59-2967712

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 the current year Intangible Personal Property Tax. Yes 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 **FL** 85 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 _____ (NOTE: Registered Agent signature required when reinstating) 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	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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED
 2/11/99 352-3776322
 Daytime Phone #

CR2E034 (1/198)