

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 AM 8:05

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 726497 (1)
1. Corporation Name
SHEOAH HIGHLAND TWO, INC.

Principal Place of Business - Mailing Address
**% DON ASHER & ASSOCIATES, INC.
52 EAST SOUTH STREET
ORLANDO FL 32801**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/24/1973** 3a. Date of Last Report **04/19/1994**
4. FEI Number **59-1463359** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes Yes 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 25 29 30

9. Name and Address of Current Registered Agent
**DON ASHER & ASSOCIATES, INC.
52 EAST SOUTH STREET
ORLANDO FL 32801**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD	RIDER, MARGARET	1.1 TITLE SD	RIDER, OSBORN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	409-27 SHEOAH BLVD	1.2 NAME	409-27 SHEOAH BLVD
STREET ADDRESS	WINTER SPRINGS FL	1.3 STREET ADDRESS	WINTER SPRINGS, FL 32708
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE PD	SCOTT TOM	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	405-15 SHEOAH BLVD	2.2 NAME	
STREET ADDRESS	WINTER SPRINGS FL	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE DT	MYERS, DAVID	3.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	400-25 SHEOAH BLVD.	3.2 NAME	
STREET ADDRESS	WINTER SPRINGS FL	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE SD	NEWQUIST VERNITA	4.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	405-7 SHEOAH BLVD	4.2 NAME	
STREET ADDRESS	WINTER SPRINGS FL	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME Basquil, Eileen	
STREET ADDRESS		5.3 STREET ADDRESS 411-43 Sheoah Blvd	
CITY - ST - ZIP		5.4 CITY - ST - ZIP Winter Springs, Fl 32708	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 of changed, or on an attachment with an address.

SIGNATURE: *Tom Scott* **TOM SCOTT** Date: 4/19/95 Daytime Phone: 728-9609