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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 726497

1. Corporation Name
SHEOAH HIGHLAND TWO, INC.

Principal Place of Business % DON ASHER & ASSOCIATES, INC. 52 EAST SOUTH STREET ORLANDO FL 32801	Mailing Address % DON ASHER & ASSOCIATES, INC. 52 EAST SOUTH STREET ORLANDO FL 32801
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/24/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1463359
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Zip 29	Country 30
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	RIDER, MARGARET	
STREET ADDRESS	409-27 SHEOAH BLVD	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	POPLOCK, HEWIE	
STREET ADDRESS	411 SHEOAH BLVD, #41	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MYERS, DAVID	
STREET ADDRESS	409-25 SHEOAH BLVD.	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	NEWQUIST VERNITA	
STREET ADDRESS	405-7 SHEOAH BLVD	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BASQUIL, EILEEN	
STREET ADDRESS	411-43 SHEOAH BLVD	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	NEWQUIST, VERNITA	
1.3 STREET ADDRESS	405-7 SHEOAH BLVD	
1.4 CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
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	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BUTCHER, GARY	
3.3 STREET ADDRESS	411-33 SHEOAH BLVD	
3.4 CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	RIDER, MARGARET	
4.3 STREET ADDRESS	409-27 SHEOAH BLVD	
4.4 CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MEAD, OLGA	
5.3 STREET ADDRESS	405-1 SHEOAH BLVD	
5.4 CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
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 617, 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: _____ DATE: 3/23/99 DAYTIME PHONE #: 407-866-3939

CR2E037 (1-1/98)