


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

FILED

Apr 10 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L07673** (1)  
1. Corporation Name  
**THEO TWO CORP.**

Principal Place of Business <b>3416 SW ARCHER ROAD GAINESVILLE FL 32608</b>	Mailing Address <b>1310 NW 23 AVE SUITE A GAINESVILLE FL 32605-3006 US</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/07/1989</b>	3a. Date of Last Report <b>04/18/1996</b>
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	4. FEI Number <b>59-2967712</b>	Applied For Not Applicable	
22 City & State	27	28 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23 Zip	28	29 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEONARD, WILLIAM ROBERT</b>	1.2 NAME	
STREET ADDRESS	<b>4875 N. FEDERAL HWY</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FT. LAUDERDALE FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>O</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THEOHARIS, BILLIE</b>	2.2 NAME	
STREET ADDRESS	<b>3036 N. ATLANTIC BLVD.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FT. LAUD, FL 33311</b>	2.4 CITY - ST - ZIP	
TITLE	<b>O</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THEOHARIS, GEORGE</b>	3.2 NAME	
STREET ADDRESS	<b>3036 N. ATLANTIC BLVD.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FT LAUD FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>O</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THEOHARIS, CON</b>	4.2 NAME	
STREET ADDRESS	<b>2312 N W 14TH PLACE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>GAINESVILLE, FL 32605</b>	4.4 CITY - ST - ZIP	
TITLE	<b>O</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THEOHARIS, JIM</b>	5.2 NAME	
STREET ADDRESS	<b>2312 NW 14TH PLACE</b>	5.3 STREET ADDRESS	<b>5118 N.W. 47TH LANE</b>
CITY - ST - ZIP	<b>GAINESVILLE, FL 32605</b>	5.4 CITY - ST - ZIP	<b>GAINESVILLE, FL 32606</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THEOHARIS, RICK</b>	6.2 NAME	
STREET ADDRESS	<b>2312 NW 14TH PLACE</b>	6.3 STREET ADDRESS	<b>4010 N.W. 67TH PLACE</b>
CITY - ST - ZIP	<b>GAINESVILLE, FL 32605</b>	6.4 CITY - ST - ZIP	<b>GAINESVILLE, FL 32653</b>

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/96  
Date

352-377-6322  
Daytime Phone

0068539

CR2E034 (9/96)