

**FILE NOW: FILING FEE AFTER MAY 1 IS \$220.00**

4-30-95 3-3969

**APPROVED  
AND  
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95 APR 20 AM 9:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # L23654**

**(1)**

1. Corporation Name

**S2 INVESTMENTS, INCORPORATED**

Principal Place of Business

**% CHESLEY D. NICHOLSON  
5401 KIRKMAN ROAD SUITE 440  
ORLANDO FL 32819**

Mailing Address

**% CHESLEY D. NICHOLSON  
5401 KIRKMAN ROAD SUITE 440 785  
ORLANDO FL 32819**

DO NOT WRITE IN THIS SPACE.

|                                                                                                                                                  |                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>10/17/1989</b>                                                                                           | 3a. Date of Last Report<br><b>05/01/1994</b>           |
| 4. FEI Number<br><b>59-2989436</b>                                                                                                               | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                     | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                               | <b>\$5.00</b> May Be Added to Fees                     |
| 6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                        |

|                                                                  |                                                                   |
|------------------------------------------------------------------|-------------------------------------------------------------------|
| 2. Principal Place of Business<br>21 <b>7262 W. COLONIAL DR.</b> | 2a. Mailing Address<br>26                                         |
| Suite, Apt. #, etc.<br>22                                        | Suite, Apt. #, etc.<br>27 <b>SUITE 785 (ONLY CHANGE TO ABOVE)</b> |
| City & State<br>23 <b>ORLANDO, FL</b>                            | City & State<br>28                                                |
| Zip<br>24 <b>32818</b>                                           | Country<br>25 <b>ORANGE</b>                                       |

**9. Name and Address of Current Registered Agent**

**NICHOLSON, CHESLEY D.  
5401 KIRKMAN ROAD SUITE 440 785  
ORLANDO FL 32819**

**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                                               | <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

1-10-94

| 12. OFFICERS AND DIRECTORS                         |                                                                           | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12              |                                                                                                                                                  |
|----------------------------------------------------|---------------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>DP<br/>SCOTT, JEFFREY M.<br/>10125 CARRINGTON COURT<br/>ORLANDO FL</b> | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST - ZIP | <b>SAME<br/>SAME<br/>8506 LANSDALE CT.<br/>ORLANDO, FL 32818</b><br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>DV<br/>SHEFFER, STEPHEN E.<br/>7315 EVERLEIGH COURT<br/>ORLANDO FL</b> | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                           | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                           | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                           | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                           | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                |

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 119.07(3)(b), 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:

*Susan Scott*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-95  
Date

107-292-7939  
Telephone #