


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

10/2

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

97 SEP -8 AM 10: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000066642 (6)

1. Corporation Name
TWO WEEKS, INC.



Principal Place of Business 5625 CLIFTON LANE JACKSONVILLE FL 32211	Mailing Address 5625 CLIFTON LANE JACKSONVILLE FL 32211
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 12209 OLD PLANK ROAD Suite, Apt. #, etc. 22 City & State 23 JACKSONVILLE, FLORIDA Zip Country 24 32220 25 DUVAL		2a. Mailing Address 26 12209 OLD PLANK ROAD Suite, Apt. #, etc. 27 City & State 28 JACKSONVILLE, FLORIDA Zip Country 29 32220 30 DUVAL		3. Date Incorporated or Qualified 08/29/1995	3a. Date of Last Report 08/08/1996
				4. FEI Number 59-3329217	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WEEKS, LARRY E 5625 CLIFTON LANE JACKSONVILLE FL 32211		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 12209 OLD PLANK ROAD 83 84 City JACKSONVILLE FL 85 Zip Code 32220	
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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 reinstating)

DATE

LARRY E. WEEKS, PRESIDENT 9/2/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEEKS, LARRY E 5625 CLIFTON LANE JACKSONVILLE FL 32211 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12209 OLD PLANK ROAD JACKSONVILLE, FLORIDA 32220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST WEEKS, LANA R 5625 CLIFTON LANE JACKSONVILLE FL 32211 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12209 OLD PLANK ROAD JACKSONVILLE, FLORIDA 32220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700002288997-0-0000 -09/10/97--01045--001 ****165.00 ****165.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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 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.

CR2E034 (4/97)

2062



✓ Income Tax Service
✓ Financial & Insurance Services
✓ Accounting & Bookkeeping Services

320 Osceola Avenue
Jacksonville Beach, FL 32250
Phone 904/241-2533
Fax: 904/241-1604

September 5, 1997

Annual Reports Filings
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: Profit Corporation Annual Report
P95000066642 - Two Weeks, Inc.

Dear Madam or Sir,

I am writing you on behalf of the above shown corporation as the preparer of the tax returns for Two Weeks, Inc.

As you can see on the Report, the corporation has moved and failed to receive the First Annual Report Notice. To compound the problem, it was necessary for the corporation to file an extension this year for the Federal and State tax filings.

The president, Mr. Larry Weeks, attended his tax appointment with my firm just three days ago and in his papers was the Second Notice for the Annual Report, which the Post Office finally forwarded to the corporation.

We request that the late filing penalty be abated and that the full payment of the enclosed normal fee be accepted. Your prompt attention to this matter is appreciated. If you have any questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in cursive script, appearing to read "Ronald A. McBride".

Ronald A. McBride, EA
President