

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

FILED

Apr 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000075034 (5)

1. Corporation Name

ANDERSON TWO, INC

Principal Place of Business

1875 CEN FLA PK  
ORLANDO FL 32837

Mailing Address

1875 CEN FLA PK  
ORLANDO FL 32837



2. Principal Place of Business

21 706 Wallace Ave

26. Mailing Address

26 Anderson Two Inc

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Orlando FL

27 706 Wallace Ave

23 Orlando FL

28 Orlando, FL

24 32809

29 32809

25 Orange

30 Orange

9. Name and Address of Current Registered Agent

ANDERSON, VK  
3834 CITADEL DR  
ORLANDO FL 32821

81 Name

Renee Besuden

82 Street Address (P.O. Box Number is Not Acceptable)

706 E Wallace St.

83

84 City

Orl.

FL

85 Zip Code

32809

10. Name and Address of New Registered Agent

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 607.0805, Florida Statutes.

SIGNATURE

Renee Besuden

President

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

(NOTE: Registered Agent signature required when appointing or changing agent.)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME ANDERSON, VK  
STREET ADDRESS 3834 CITADEL DR.  
CITY-ST-ZIP ORLANDO FL 32821  
VK Anderson

TITLE VS  
NAME ANDERSON, KEVIN  
STREET ADDRESS 11818 MINTWOOD CT.  
CITY-ST-ZIP ORLANDO FL 32820

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP  
Renee Besuden  
President  
706 Wallace Ave  
Orlando, FL 32809

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

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:

Renee Besuden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/97 407-851-6001

Date

Daytime Phone #

0616150

CR2E034 (9/96)