

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

4-20-95 3-3969

APPROVED AND FILED

95 APR 20 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

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 Mailing Address

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

2. Principal Place of Business 2a. Mailing Address

21 **7262 W. COLONIAL DR.** 26

22 Suite, Apt. #, etc. 27 **SUITE 785 (ONLY CHANGE TO ABOVE)**

23 **ORLANDO, FL** 28 City & State

24 **32818** 25 **ORANGE** 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
10/17/1989 **05/01/1994**

4. FEI Number Applied For
59-2989436 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing **\$5.00 May Be Added to Fees**

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

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

83

84 City **FL** 85 Zip Code

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: *W. Nichol* DATE: **1-10-94**

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SCOTT, JEFFREY M.
STREET ADDRESS	10125 GARRINGTON COURT
CITY - ST - ZIP	ORLANDO FL
TITLE	DV
NAME	SHEFFER, STEPHEN E.
STREET ADDRESS	7315 EVERLEIGH COURT
CITY - ST - ZIP	ORLANDO FL
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

1.1 TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SAME	
1.3 STREET ADDRESS	8506 LANSDALE CT.	
1.4 CITY - ST - ZIP	ORLANDO, FL 32818	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
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 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* **Susan Scott** **4-17-95** **107-292-7939**