

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

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90034 041 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **L23654**

1. Corporation Name  
**S2 INVESTMENTS, INCORPORATED**

Principal Place of Business

7262 W. COLONIAL DR.  
 ORLANDO FL 32818  
 US

Mailing Address

7262 W. COLONIAL DR.  
 ORLANDO FL 32818  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/17/1989**

4. FEI Number **59-2989436**  
 Applied For  Not Applicable

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

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

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

21 **7248 W. Colonial Dr.**  
 Suite, Apt. #, etc.

2a. Mailing Address

26 **7248 W. Colonial Dr.**  
 Suite, Apt. #, etc.

23 City & State

**Orlando FL**

28 City & State

**Orlando FL**

24 Zip **32818** 25 Country

29 Zip **32818** 30 Country

9. Name and Address of Current Registered Agent

**SCOTT, SUSAN**  
**3235 HIDDEN LAKES DR.**  
**WINTER GARDEN FL 34787**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>SCOTT, JEFF</b>
STREET ADDRESS	<b>3235 HIDDEN LAKES DR.</b>
CITY-ST-ZIP	<b>WINTER GARDEN FL 34787</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE
NAME	<b>SHEFFER, STEVE</b>
STREET ADDRESS	<b>7315 EVERLEIGH COURT</b>
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>SCOTT, SUSAN</b>
STREET ADDRESS	<b>3235 HIDDEN LAKES DR.</b>
CITY-ST-ZIP	<b>WINTER GARDEN FL 34787</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 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, with all other like empowered.

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

**4-17-99** **407-292-7939**  
 Date Daytime Phone #

CR2E034 (11/98)