

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J31523 (0)**

1. Corporation Name
TWICE OVER, INC.



Principal Place of Business
**3333 NE 33RD ST.
FT. LAUDERDALE FL 33308**

Mailing Address
**3333 NE 33RD ST.
FT. LAUDERDALE FL 33308**

2. Principal Place of Business
21 **3354 NE 33rd St**
State Apt #, etc:

2a. Mailing Address
26 **3354 NE 33rd St**
State Apt #, etc:

22 City & State
23 **FT. LAUDERDALE, FL.**

27 City & State
28 **FT. LAUDERDALE, FL.**

24 Zip **33308** 25 Country **BROWARD**

29 Zip **33308** 30 Country **BROWARD**

g. Name and Address of Current Registered Agent

**COUGLE, ELEANORE
3333 NE 33RD ST.
FT. LAUDERDALE FL 33308**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
3354 NE 33 ST
83
84 City **FT** 85 Zip Code

3. Date Incorporated or Qualified **08/27/1986** 3a. Date of Last Report **01/19/1995**
4. FEI Number **59-2716267** 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 has liability for intangible tax under s. 193.032, Florida Statutes. Yes No
10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.002 and 607.004, 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 607.004, Florida Statutes.

SIGNATURE **ELEANORE COUGLE, PST** *Eleanore Cougle*

4-8-96
DATE

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	COUGLE, ELEANORE	
STREET ADDRESS	3333 NE 33RD ST.	
CITY-STATE-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COUGLE, ELEANORE	
STREET ADDRESS	3354 NE 33RD ST	
CITY-STATE-ZIP	FT. LAUDERDALE, FL 33308	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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)(K), Florida Statutes. I further certify that the information included on this annual report or governmental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, but 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 change, I, or an attachment with an address.

SIGNATURE: **ELEANORE COUGLE, PST** *Eleanore Cougle* **4-8-96 (594) 563-1618**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)