

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **735123** (2)

1. Corporation Name

THRESHOLD, INC.



Principal Place of Business	Mailing Address
3550 NORTH GOLDENROD ROAD PO BOX 1110 GOLDENROD FL 32733	3550 NORTH GOLDENROD ROAD PO BOX 1110 GOLDENROD FL 32733

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/04/1976		3a. Date of Last Report 02/09/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1674609		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILLARD, TEENA B
4000 N CHICKASAW TRAIL
ORLANDO FL 32817**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	TD
NAME	CLAYBOURNE, KAY	1.2 NAME	Claybourne, Kay
STREET ADDRESS	2919 BRONCO LANE	1.3 STREET ADDRESS	15 N. Solandra
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando, FL 32807
TITLE	PD	2.1 TITLE	VD
NAME	WILLARD, TEENA B	2.2 NAME	Willard, Teena B.
STREET ADDRESS	4000 N. CHICKASAW TRAIL	2.3 STREET ADDRESS	4000 N. Chickasaw Trail
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando, FL 32817
TITLE	STD	3.1 TITLE	SD
NAME	EICHLER-MORGAN, JUDY	3.2 NAME	Eichler-Morgan, Judy
STREET ADDRESS	20730 MELVILLE ST	3.3 STREET ADDRESS	3350 Mission Bay Blvd. #154
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Orlando, FL 32817
TITLE		4.1 TITLE	PD
NAME		4.2 NAME	Boyles, Mary
STREET ADDRESS		4.3 STREET ADDRESS	2926 Cottage Grove Ct.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Orlando, FL 32822
TITLE		5.1 TITLE	D
NAME		5.2 NAME	Prouty, Sally
STREET ADDRESS		5.3 STREET ADDRESS	1672 Cypress Point Lane
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Winter Park, FL 32792
TITLE		6.1 TITLE	D
NAME		6.2 NAME	Wright, PH.D., Frank
STREET ADDRESS		6.3 STREET ADDRESS	12790 Merit Drive Suite 616
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Dallas, TX 75251

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

JUDY E. MORGAN, SECRETARY

SIGNATURE REQUIRED

CR2E037 (4/97)