

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **K47530** (6)

1. Corporation Name  
**TWOFOLD, INC.**



Principal Place of Business

% MARILYN MACLENNA  
3158 LAKE WASHINGTON ROAD  
MELBOURNE FL 32934  
US

Mailing Address

% MARILYN MACLENNA  
3158 LAKE WASHINGTON ROAD  
MELBOURNE FL 32934  
US

3. Date Incorporated or Qualified <b>11/21/1988</b>	3a. Date of Last Report <b>04/20/1995</b>
4. FEI Number <b>59-2918784</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

MACLENNA, MARILYN  
754 THRASHER DR.  
VIERA FL 32955

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, if different from above

Signature, typed or printed name of registered agent, if different from above

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CS	1.1 TITLE	CS
NAME	BARRETT, JACQUELINE S.	1.2 NAME	Barrett, Jacqueline S.
STREET ADDRESS	4840 RIVERSIDE RD.	1.3 STREET ADDRESS	1917 Golf Vista Blvd.
CITY-ST-ZIP	PALM SHORES FL	1.4 CITY-ST-ZIP	Viera FL 32955
TITLE	PT	2.1 TITLE	PT
NAME	MACLENNA, MARILYN	2.2 NAME	MacLenna, Marilyn
STREET ADDRESS	754 THRASHER DR.	2.3 STREET ADDRESS	754 Thrasher Dr.
CITY-ST-ZIP	ROCKLEDGE FL	2.4 CITY-ST-ZIP	Viera FL 32955
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 19.07(3)(k), 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: Marilyn MacLenna  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/96 407-253-1709  
Date Date/Time Phone #

CR2E034 (12/95)