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Apr 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000035695 (2)

1. Corporation Name
TWOSIXTY, INC.

Principal Place of Business

260 POWER COURT
I-4 INDUSTRIAL PARK
SANFORD FL 32771

Mailing Address

260 POWER COURT
I-4 INDUSTRIAL PARK
SANFORD FL 32771-9408



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

05/01/1995

3a. Date of Last Report

08/19/1996

4. FEI Number

59-3314791

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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. 199.032,
Florida Statutes

X

Yes □ No

9. Name and Address of Current Registered Agent

STEWART, PATRICIA E
260 POWER COURT
I-4 INDUSTRIAL PARK
SANFORD FL 32771

10. Name and Address of New Registered Agent

81 Name

PATRICIA STEWART

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

604 REMINGTON OAK BLVD

83

84 City

LAKE MARY

FL

85 Zip Code

32746

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 D
NAME STEWART, PATRICIA E
STREET ADDRESS 260 POWER COURT I-4 INDUSTRIAL PARK
CITY-ST-ZIP SANFORD FL 32771

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 VP
1.2 NAME PATRICIA STEWART
1.3 STREET ADDRESS 604 REMINGTON OAK BLVD
1.4 CITY-ST-ZIP LAKE MARY FL 32746

2.1 TITLE P/T
2.2 NAME Deborah Gleeson
2.3 STREET ADDRESS 673 W. WRIGHTWOOD
2.4 CITY-ST-ZIP CHICAGO, IL 60614

3.1 TITLE S
3.2 NAME KAREN ELWARD
3.3 STREET ADDRESS 35 E. HICKORY #A
3.4 CITY-ST-ZIP LOMBARD, IL 60148

4.1 TITLE VP
4.2 NAME JOSEPH ELWARD III
4.3 STREET ADDRESS 32704 WINDY OAK ST.
4.4 CITY-ST-ZIP SORRENTO, FL 32776

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)