

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 MAY 19 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000003946 (1)
1. Corporation Name
TODAY ACQUISITION CORP.

Principal Place of Business: **10904 CRABAPPLE ROAD ROSWELL GA 30075**
Mailing Address: **10904 CRABAPPLE ROAD ROSWELL GA 30075**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 08/31/1993	3a. Date of Last Report 08/10/1994
4. FEI Number 58-1866117	Applied Fee Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for alternate tax under 5-119032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State: GA	26. State: GA
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	30. Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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

11. I, the undersigned, the person named in this report, as required by the Florida Statutes, that state who is authorized to execute the statement for the payment of filing its report, certify that the information contained in this report is true and correct, and that I am duly authorized by the board of directors, if any, to accept the appointment as registered agent. I am not aware of any person who is authorized to execute this report for me under the Florida Statutes.

Signature: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
NAME: PCD THOMAN, THOMAS B 305 SILVER OAKS COURT ROSWELL GA 30075	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME: VD DALTON, DAVID W 100 S. ORLANDO AVE. MAITLAND FL 32741	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME: S THOMAN, KRISTINA L. 305 SILVER OAKS CT. ROSWELL GA	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not apply for the exemption stated in Sections 5115-5116 Florida Statutes. I further certify that the information included on the 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 duly authorized to execute this report for the corporation or the person or persons empowered to execute this report as required by Chapter 687, Florida Statutes, and that my name appears on Block 1 of Block 2 of report or on attached form with an address.

SIGNATURE: *Thomas B. Thoman*
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD MEMBER OR DIRECTOR
Thomas B. Thoman

5/16/95 404-998-2924