

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mottzheim
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"/> Yes <input checked="" type="checkbox"/> No	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$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 21	2a. Mailing Address 26
State: Apt. # of 22	State: Apt. # of 27
City & State 23	City & State 28
Zip 24	Zip 29
Country 30	Country 30

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.	
84. City	

11. I, the undersigned, the principal officer or director of the corporation, certify that I am a resident of the State of Florida and that I am qualified to serve as a registered agent for the corporation under the provisions of the Florida Statutes. I hereby accept the appointment as registered agent for the corporation and I agree to accept the responsibility as set forth in the Florida Statutes.

12. OFFICERS AND DIRECTORS

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<table border="1"> <tr> <td>NAME</td> <td>PCD</td> <td>THOMAN, THOMAS B</td> <td>305 SILVER OAKS COURT</td> <td>ROSWELL GA 30075</td> </tr> <tr> <td>NAME</td> <td>VD</td> <td>DALTON, DAVID W</td> <td>100 S. ORLANDO AVE.</td> <td>MAITLAND FL 32741</td> </tr> <tr> <td>NAME</td> <td>S</td> <td>THOMAN, KRISTINA L.</td> <td>305 SILVER OADS CT.</td> <td>ROSWELL GA</td> </tr> </table>	NAME	PCD	THOMAN, THOMAS B	305 SILVER OAKS COURT	ROSWELL GA 30075	NAME	VD	DALTON, DAVID W	100 S. ORLANDO AVE.	MAITLAND FL 32741	NAME	S	THOMAN, KRISTINA L.	305 SILVER OADS CT.	ROSWELL GA	<table border="1"> <tr> <td>1. NAME</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2. NAME</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3. NAME</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>4. NAME</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>5. NAME</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>6. NAME</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>7. NAME</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>8. NAME</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>9. NAME</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>10. NAME</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>11. NAME</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>12. NAME</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>13. NAME</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>14. NAME</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>15. NAME</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>16. NAME</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>17. NAME</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>18. NAME</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>19. NAME</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>20. NAME</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	1. NAME					2. NAME					3. NAME					4. NAME					5. NAME					6. NAME					7. NAME					8. NAME					9. NAME					10. NAME					11. NAME					12. NAME					13. NAME					14. NAME					15. NAME					16. NAME					17. NAME					18. NAME					19. NAME					20. NAME				
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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not comply for the exceptions 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 a resident of the State of Florida and that I am qualified to serve as a registered agent for the corporation. I hereby agree to accept the responsibility as set forth in the Florida Statutes, and that my name appears on Block 12 of Block 13 of this report or on an attachment with an address.

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

5/16/95 404-998-2924