FILED Apr 30, 1999 8:00 am Secretary of State 04-30-1999 90174 036 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUI	MENT # L39260					
	TOMORROW OF SARASOT	ra, inc.				
Principal Place	of Business	Mailing Address				
4152 INDEPEND		4152 INDEPENDENCE	CT			
STE C-4	JENOC VI	STE C-4				
SARASOTA FL 34234		SARASOTA FL 34234			DO NOT WRITE IN THIS SPACE	
US		US		3. Date Incorporated or Qualifed 01/01/1990		
2 Principal Pi	lace of Business	2a. Mailing Address		4, FEI Number	Apr	plied For
21	iace of Dusiness	26		65-0171922		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 A	
22	, ,	27		5. Certificate of Status Desired	Fee Rec	quired
City & State	e	City & State		6. Election Campaign Financing	\$5.00	
23		28		Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country	8. This corporation owes the current ye		□No
24	9. Name and Address of Currer	29	30	Personal Property Tax. 10. Name and Address of New Regist		LIND
	9. Name and Address of Currer	it redistated Affaut	81 Name	IV. Name and Address of New York	order Agent	
CHR	istiansen & Dehner, P.A.					
2975 BEE RIDGE RD			82 Street A	ddress (P.O. Box Number is Not Acceptable)	3lvd	
STE C			83	CI		***
SAR	ASOTA FL 34239		101 00	>te 107	85 Zip C	`odo
			84 Sity	esota	FL 85 34	ã40
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida S	tatutas, the above named a	corporation submits this statement for the purporation's board of directors. I hereby accept the	se of changing its	registered
office or real	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change wittions of, Section 607.0505	as authorized by the corpoi , Florida Statutes.	ration's board or directors. I hereby accept the	appointment as reg	isrei ea
SIGNATURE						
	Signature, typed or printed name of registered age		NOTE: Registered Agent signature rec	Quired when reinstating) DA ADDITIONS/CHANGES TO OFFICER		DC IN 12
12.	P OFFICERS AN	ID DIRECTORS	13. Ε 1.1 ΤΙΤΙΕ	ADDITIONS/CHANGES TO OFFICE	Change	Addition
NAME	JOHN HARTNETT		1.2 NAME		<u> </u>	
STREET ADDRESS	8010 41ST AVE., E		1.3 STREET ADDRESS			
CITY-ST-ZIP	BRADENTON FL		1.4 CITY-ST-ZIP			-
TITLE	VP	☐ DELET			Change	Addition
NAME	VALERIEJEAN HARTNETT		2.2 NAME			
STREET ADDRESS	8010 41ST AVE., E		2.3 STREET ADDRESS			
CITY-ST-ZIP	BRADENTON FL		2.4 CITY-ST-ZIP			
TITLE	ST	☐ DELET	E 3.1 TITLE		☐ Change	Addition
NAME	VALERIEJEAN HARTNETT		3.2 NAME			•
STREET ADDRESS	8010 41ST AVE., E		3.3 STREET ADDRESS			
CITY-ST-ZIP	BRADENTON FL		3.4. CITY-ST-ZIP		Change	☐ Addition
TITLE		☐ DELET			☐ Citalige	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS		•	4.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		☐ DELET	4.4 CITY-ST-ZIP E 5.1 TITLE		☐ Change	☐ Addition
NAME		المال المال	5.2 NAME	•		
STREET ADDRESS			5.3 STREET ADDRESS	•		
CITY-ST-ZIP	•		5.4 CITY-ST-ZIP			
TITLE		☐ DELET			☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			

14. I 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 suppliemental 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 of 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 attacheer, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP