

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N46693 (0)

1. Corporation Name

UNITY OF TODAY, INC.

Principal Place of Business

Mailing Address

1050 MCCLELLAN ST
STE M
KISSIMMEE FL 34741
US1050 MCCLELLAN ST
STE M
KISSIMMEE FL 34741-4500
US3. Date Incorporated or Qualified
01/02/19923a. Date of Last Report
03/26/1996

2. Principal Place of Business

2a. Mailing Address

21 1132 E. Donegan Ave.

26 1132 E. Donegan Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Kissimmee, Fl.

28 Kissimmee, Fl.

Zip

Country

Zip

Country

24 34744

25

USA

29 34744

30

USA

4. FEI Number

59-3097891

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DORWAY, DAVID
12853 MARYLAND WOODS CT
ORLANDO FL 32824

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 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|----------------------------|--|
| TITLE | ST | <input checked="" type="checkbox"/> DELETE |
| NAME | PERRY, CHARLES | |
| STREET ADDRESS | 626 FLORIDIAN DR | |
| CITY-ST-ZIP | KISSIMMEE FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | WOLL, SEVER | |
| STREET ADDRESS | 20 MACON WAY | |
| CITY-ST-ZIP | ST CLOUD FL | |
| TITLE | V | <input checked="" type="checkbox"/> DELETE |
| NAME | ORTIZ, POLO | |
| STREET ADDRESS | 2709 UXBRIDGE LN | |
| CITY-ST-ZIP | KISSIMMEE FL | |
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | DORWAY, DAVID | |
| STREET ADDRESS | 12853 MARYLAND WOODS CT | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | WERT, JIM | |
| STREET ADDRESS | 1050 MCCLELLAN ST., STE. L | |
| CITY-ST-ZIP | KISSIMMEE FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|--------------------|-------------------------|--|
| 1.1 TITLE | S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Elsie Cadogan | |
| 1.3 STREET ADDRESS | 14401 Hunting Field Dr. | |
| 1.4 CITY-ST-ZIP | Orlando, Fl. 32824 | |
| 2.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Fields, Jane | |
| 2.3 STREET ADDRESS | 3211 Oak Park Ln | |
| 2.4 CITY-ST-ZIP | Kissimmee, Fl. 34744 | |
| 3.1 TITLE | T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Ortiz, Hipolito (Polo) | |
| 3.3 STREET ADDRESS | 2709 Uxbridge Ln | |
| 3.4 CITY-ST-ZIP | Kissimmee, Fl. 34744 | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | V | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | Wert, James | |
| 5.3 STREET ADDRESS | 807 Mountbatten Ln. | |
| 5.4 CITY-ST-ZIP | Kissimmee, Fl 34758 | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 617, 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

David G. Dorway
DAVID G. DORWAY

Daytime Phone # 0069839

CR2E037 (9/96)