

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000006973 (8)**

1. Corporation Name

**TECHNOLOGY OF TODAY, INC.**



Principal Place of Business	Mailing Address
<b>1290 WESTON ROAD SUITE 300 WESTON FL 33326</b>	<b>1290 WESTON ROAD SUITE 300 WESTON FL 33326</b>

3. Date incorporated or Qualified  
**12/16/1997**

4. FEI Number <b>65-0807483</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Zip	25. Country
29. Zip	30. Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**LEGAL INFORMATION SERVICES INC.  
1290 WESTON ROAD  
SUITE 300  
WESTON FL 33326**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
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

TITLE	<b>Bobby L. Fort</b>	<input type="checkbox"/> DELETE
NAME	<b>c/o Oppenheim &amp; Pilelsky, P.A.</b>	<input type="checkbox"/> DELETE
STREET ADDRESS	<b>1290 Weston Road, Ste. 300</b>	<input type="checkbox"/> DELETE
CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33326</b>	<input type="checkbox"/> DELETE
TITLE	<b>Roy D. Oppenheim, Esquire</b>	<input type="checkbox"/> DELETE
NAME	<b>Oppenheim &amp; Pilelsky, P.A.</b>	<input type="checkbox"/> DELETE
STREET ADDRESS	<b>1290 Weston Road, Ste. 300</b>	<input type="checkbox"/> DELETE
CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33326</b>	<input type="checkbox"/> DELETE
TITLE	<b>Imogene Fort</b>	<input type="checkbox"/> DELETE
NAME	<b>c/o Oppenheim &amp; Pilelsky PA</b>	<input type="checkbox"/> DELETE
STREET ADDRESS	<b>1290 Weston Rd, Ste 300</b>	<input type="checkbox"/> DELETE
CITY-ST-ZIP	<b>Ft Lauderdale, FL 33326</b>	<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
NAME		<input type="checkbox"/> DELETE
STREET ADDRESS		<input type="checkbox"/> DELETE
CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
NAME		<input type="checkbox"/> DELETE
STREET ADDRESS		<input type="checkbox"/> DELETE
CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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

Date

Daytime Phone # 0000653

CR2037 (1097)