


FILE NOW: FILING FEE IS \$61.25

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90091 026 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N98000006266

1. Corporation Name

TOMORROW'S HOPE, HI TECH INC.

Principal Place of Business

5310 ALPHA DRIVE
ORLANDO FL 32810

Mailing Address

5310 ALPHA DRIVE
ORLANDO FL 32810



| | | |
|---|---------------------|--|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
| 21 5304 Alpha Drive | 26 3233 Albin Lane | 11/02/1998 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 4. FEI Number |
| 22 | 27 | 59-3545246 |
| City & State | City & State | Applied For |
| 23 Orlando, FL | 28 Orlando, FL | Not Applicable |
| Zip Country | Zip Country | 5. Certificate of Status Desired |
| 24 32810 25 USA | 29 32817 30 USA | 8.75 Additional Fee Required |
| 9. Name and Address of Current Registered Agent | | 6. Election Campaign Financing Trust Fund Contribution |
| VANZANDT, DANA L 3233 ALBIN LANE ORLANDO FL 32817 | | 5.00 May Be Added to Fees |
| 10. Name and Address of New Registered Agent | | |
| 81 Name | | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| 83 | | |
| 84 City | | 85 Zip Code |
| | | FL |

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

4/12/1999

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|--|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 1.2 NAME | Beverly Biemiller |
| STREET ADDRESS | | 1.3 STREET ADDRESS | 3627 S. Rosalind Avenue |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | Orlando, FL 32806 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 2.2 NAME | Ruth Reiss |
| STREET ADDRESS | | 2.3 STREET ADDRESS | 607 River Bend |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | Longwood, FL 32779 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 3.2 NAME | Fred Nanus, CPA |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 4819 Shoreline Circle |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | Sanford, FL 32771 |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 4.2 NAME | Arthur Haft |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 157 Country Creek Road #211 |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | Lake Mary, FL |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 5.2 NAME | Stephen VanZandt |
| STREET ADDRESS | | 5.3 STREET ADDRESS | 3233 Albin Lane |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | Orlando, FL 32817 |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 6.2 NAME | Dana L. VanZandt |
| STREET ADDRESS | | 6.3 STREET ADDRESS | 3233 Albin Lane |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | Orlando, FL 32817 |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/1999 407/292-3886
Date Daytime Phone #

CR2E037 (11/98)