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

DOCUMENT # P97000014556

1. Corporation Name

TOMORROW'S DREAMS, INC.

Principal Place of Business	

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90038 029 ***150.00



Principal Place of Business Mailing Address							
1898 MARY'S MEADOW LANE PALM HARBOR FL 34683			1898 MARY'S MEADOW LANE PALM HARBOR FL 34683				DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualifed 02/13/1997
2. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied For
21			26				59-3483530 Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22		27	27				5. Certificate of Status Desired Fee Required
City & Stat	State City & State					6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country		Zip Countr		ntry		8. This corporation owes the current year Intangible
24	25	29	30				Personal Property Tax.
	9. Name and Address of Cur	rent Regist	ered Agent				10. Name and Address of New Registered Agent
STRACHAN, SUSAN J. 1898 MARYS MEADOW LANE PALM HARBOR FL 34683 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statu office or registered agent, or both, in the State of Florida. Such change was agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statu			a. Such change was auth	norized	by 1	City	ess (P.O. Box Number is Not Acceptable) FL 85 Zip Code oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
-	m ramiliar with, and accept the obl	igacons or,	Section 607.0505, Florid	a State	1100.		,
SIGNATURE	Signature, typed or printed name of registered	agent and title if	applicable. (NOTE: R	egistered	Agent	t signature require	d when reinstabing) DATE
12.	OFFICERS			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD			1.1 TIT	LE		☐ Change ☐ Addition
NAME	STRACHAN, SUSAN J	IAN, SUSAN J		1.2 NA	ME		
STREET ADDRESS	ACCO MADVIC MEADOW LAND		1.3 ST	REET	ADDRESS		
CITY-ST-ZIP	B.111.111.DDOD 51.01000		1.4 CR	Y-ST	r-ZIP		
TITLE			2.1 TIT	ιE		☐ Change ☐ Addition	
NAME				2 2 NA	ME		•
STREET ADDRESS	TADDRESS 2.33		2.3 ST	REET	ADDRESS		
CITY-ST-ZIP				2. 4 CI	TY-S	T-ZIP	
TITLE			☐ DELETE	3.1 TIT	lΕ		☐ Change ☐ Addition
NAME				3.2 NA	ME		

6.4 CITY-ST-ZIP 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 607, 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.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

44 CITY-ST-ZIP

3.4. CITY- ST-ZIP

41 TITLE

4 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

□ DELETE

DELETE

SIGNATURE: \(\)

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

NAME

Addition

Addition

Addition

Change

Change

☐ Change