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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000050251 (2)

TOMORROW COM, INC.

## FILED Jan 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							
1551 W BAY	DRIVE	1551 W BAY DRIVE					
LARGO FL 33770		LARGO FL 33770				DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
						06/05/1997	
2. Principal P	lace of Business	2a, Mailing Address				4. FEI Number Applied For	
21		26				59-345976 2 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired  \$8.75 Additional	
		27	27			Fee Required	
City & State		Cily & State	City & State			Election Campaign Financing \$5.00 May Be	
23	28					Trust Fund Contribution	
Zip	Country	Zip	Count	τy		This corporation owes or has paid the current year Intangible	
24	25	29	30	<u> </u>		Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent	
	g, Name and Address of Curre	ent Hegistered Agent		1 1	Name	10. Name and Address of New Registered Agent	
	CONNOR, PATRICK M 'ATEL, MOORE & O'CONNOR I	<b>.</b>	Ľ	<u>'</u>	vuiio		
		8	2 3	Street Addres	s (P.O. Box Number is Not Acceptable)		
	167 US HIGHWAY 19 NORTH, :	SUITE 150	8	3			
CLEARWATER FL 34624			Ľ	_			
			8	4 (	City	FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registers							
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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 Fiorida. 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 607.0505, Florida Statutes.							
SIGNATURE							
Signature, typed or printed name of registered agont and title if applicable (NOTE: Regis				gent s	signature required		
12.		ND DIRECTORS	13.		<del></del>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition	
TITLE	D ODD TOU	☐ DELETE		1.1 TITLE		Change Addition	
NAME	ORR, TOM			1.2 NAME			
STREET ADORESS	1551 W BAY DRIVE		1.3 STRE				
CITY-ST-ZIP	LARGO FL 33770	DELETE		1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition	
TITLE		occent	2.1 H/C			C. W. Bo	
NAME OTOTET ADDRESS			2.3 STREET ADDRESS		INDEEC	* *	
STREET ADDRESS			2. 4 CITY-5		i		
CITY-ST-ZIP TITLE		DELETE			žir	Change Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STRE		DORESS		
CITY-ST-ZIP			3.4. CITY				
TITLE		☐ DELETE	4.1 TITLE			Change Addition	
NAME			4. 2 NAN	AE.			
STREET ADDRESS			4.3 STR	ET AD	DORESS		
CITY-ST-ZIP			4.4 CITY				
TITLE	A A A A A A A A A A A A A A A A A A A	DELETE	5.1 TITU			Change Addition	
NAME			5.2 NAM	E			
STREET ADDRESS			5.3 S1R	ET AD	ORESS		
CITY-ST-ZIP			5.4 CITY	- ST - Z	ZIP		
TITLE		DELETE	6.1 TITU			Change Addition	
NAME			6.2 NAM	E			
STREET ADORESS			6.3 STRE	ET AD	DRESS		
CITY-ST-ZIP			6.4 CITY	- ST - 2	ŽIP .		

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.

1-19-90

013-187-0105