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 # P97000082552 (5)

TODAY'S TECHNICAL SOLUTIONS, INC.

FILED Apr 21 1998 8:00am Secretary of State

|--|

Principal Place	Place of Business Mailing Address			3 10010501 116 10111 (0011 00111 00111 00111 00101 10110 11001 01110 01110 1101	
-305-SETH AVI	ENUE SOUTH 7512 S. LEEWYN	и DR.306-66TH AVENUE-80U TH	7512 S. LEEWYNN	OR.	
ST. PETERGO	URG FL 2270 5	ST. PETERSBURG FL-8370X	5-		
>	ARASOTA, FL 34240-4	usy sakasoti	A, FL 34240 165	3. Date Incorporated or Qualified	
				09/22/1997	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number A	pplied For
21 7512	S. LEEWYNN DR	26 7512 S. LEEU	NYNN DR.	59-3473919	ot Applicable
Suite, Apt	#, etc.	Suite, Apt #, etc.		LE Contingate of Status Degreed	Additional
22		27		Fee Re	equired
City & State	OTA FL	City & State	gran ,		May Be
23 SARAS	Country	28 SARASOTA	<u> </u>		to Fees
Zip	9658 26 USA	29 34240-9658 3	Country In USA	8. This corporation owes or has paid the current year in	tangible T No
24 34240	9. Name and Address of Curren		OSA	Personal Property Tax due June 30. Y Yes 10. Name and Address of New Registered Agent	7 140
DC:		. Hogiston Agolic	81 Name	10, Harris and Agoress of New Hogesteres Agent	
	NHARDT, JAMES W 30 FIRST AVENUE NORTH				
1	PETERSBURG FL 33713		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
.اد	PETENSOUNG FL 33/13		83		
ł			84 City	FL 85 Zip	Code
11 Pursuant	to the provisions of Sections 607 050	2 and 607 1508. Florida Statutes	the above-named core	poration submits this statement for the purpose of changing i	ts registered
office or re	egistered agent, or both, in the State	of Florida. Such change was au	thorized by the corpora	tion's board of directors. I hereby accept the appointment as	registered
i	m ramiliar with, and accept the obliga	itions of, Section 607.0505, Flori	da Statutes.		
SIGNATURE	Signature, typed or printed name of registered agri	nt and title if applicable (NOTE: I	Registered Agent signature requi	ired when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	RS IN 12
TITLE	D	DELETE	1.1 TOTLE	Change	Addition
NAME	Markman, Sandra L		1.2 NAME	larkman, SANDRA L	
STREET ADDRESS	305 56TH AVENUE SOUTH		1.3 STREET ADDRESS (C	006 27th AUE. WEST	
CITY-S1-ZIP	ST. PETERSBURG FL 33705			RADENTON FL 34205	
TITLE		☐ DELETE	2.1 TITLE	✓ Change	Addition
NAME			2.2 NAME Fo	ONG, KATHLEEN M	
STREET ADDRESS				512 S. LEEWYNU DR.	
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	ARASOTA FL 34240-9658	
TITLE		☐ DELETE	3.1 TITLE	/S/D Change	Addition
NAME			3.2 NAME FO	ONG , ROBERT T	
STREET ADDRESS				SIZ S LEEWYNN DR.	
CITY-ST-ZIP		·		ARASOTA , FL 34240-9658	
TITLE		L_ DELETE	4.1 TITLE	Change	Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		T no two	5.4 CITY - ST - ZIP	· · · · · · · · · · · · · · · ·	FT 4 100
TITLE		☐ DELETE	6.1 TITLE	☐ Change	Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADORESS		
CITY-ST-ZIP			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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

ROBERT T. FONG

941-321-0062