

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90074 006 ***158.75

DOCUMENT # P98000004981

1. Corporation Name

TODAY'S MARKETING GROUP, INC.

Principal Place of Business
5460 HOFFNER AVE. STE 106
ORLANDO FL 32812

Mailing Address
5460 HOFFNER AVE. STE 106
ORLANDO FL 32812

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/15/1998

4. FEI Number

59-3494606

Applied For
Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

□

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

□ Yes

□ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEST, DARREL
5460 HOFFNER AVE, STE 106
ORLANDO FL 32812

81 Name

THOMAS E ACEY, JR.

82 Street Address (P.O. Box Number is Not Acceptable)

5454 HOFFNER AVE SUITE 108

83

84 City

ORLANDO

FL

85 Zip Code

32812

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and date if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

□ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

□ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

□ DELETE

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

□ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

□ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

□ Change X Addition

1.1 TITLE

PRESIDENT

1.2 NAME

PETER FITZPATRICK

1.3 STREET ADDRESS

5454 HOFFNER AVE SUITE 108

1.4 CITY-ST-ZIP

ORLANDO FL 32812

2.1 TITLE

CFO

2.2 NAME

LEE A. WEILS

2.3 STREET ADDRESS

5454 HOFFNER AVE SUITE 108

2.4 CITY-ST-ZIP

ORLANDO FL 32812

3.1 TITLE

Secretary

3.2 NAME

THOMAS E. ACEY, JR.

3.3 STREET ADDRESS

5454 Hoffner Ave, Suite 108

3.4 CITY-ST-ZIP

Orlando, FL 32812

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 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.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

4-28-99

407 277 9292 x103

CR2E034 (11/98)

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