

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

FILED

Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G34107** (4)

1. Corporation Name
TUTOR TIME INTERNATIONAL, INC.



Principal Place of Business

**4517 N.W. 31ST AVE.
FT. LAUDERDALE FL 33309**

Mailing Address

**4517 N.W. 31ST AVE.
FT. LAUDERDALE FL 33309-0403**

2. Principal Place of Business

21 **621 NW 53rd St.**

Suite, Apt. #, etc.

22 **Suite 450**

City & State

23 **Boca Raton FL**

Zip

24 **33487**

Country

25 **Palm Beach**

2a. Mailing Address

26 **621 NW 53rd St.**

Suite, Apt. #, etc.

27 **Suite 450**

City & State

28 **Boca Raton FL**

Zip

29 **33487**

Country

30 **Palm Beach**

3. Date Incorporated or Qualified

03/22/1983

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0175303

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing

Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CHIRAS, DAVID L. P.A.
4517 N.W. 31ST AVE.
FT. LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

81 Name

NEESA B. Warlen

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

621 NW 53rd St. Suite 450

83

84 City

Boca Raton

FL

85 Zip Code

33487

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

Neesa B. Warlen

(NOTE: Registered Agent signature required when reinstating)

4/10/97

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **CD WEISSMAN, MICHAEL**
STREET ADDRESS **4517 N.W. 31ST AVE.**
CITY - ST - ZIP **FT. LAUDERDALE FL**

TITLE ☐ DELETE

NAME **PTD WEISSMAN, RICHARD S.**
STREET ADDRESS **4517 N.W. 31ST AVENUE**
CITY - ST - ZIP **FT. LAUDERDALE FL 33309**

TITLE ☐ DELETE

NAME **SD WEISSMAN, LINDA**
STREET ADDRESS **4517 N.W. 31ST AVENUE**
CITY - ST - ZIP **FT. LAUDERDALE FL 33309**

TITLE ☐ DELETE

NAME **VD VITELLO, LISA**
STREET ADDRESS **4517 N.W. 31ST AVENUE**
CITY - ST - ZIP **FT. LAUDERDALE FL 33309**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **621 NW 53rd STREET SUITE 450**
1.4 CITY - ST - ZIP **Boca Raton FL 33487**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **621 NW 53rd St. Suite 450**
2.4 CITY - ST - ZIP **Boca Raton FL 33487**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS **621 NW 53rd St. Suite 450**
3.4 CITY - ST - ZIP **Boca Raton FL 33487**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS **LISA FERACHE VD**
4.4 CITY - ST - ZIP **621 NW 53rd St. Suite 450 Boca Raton FL 33487**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS **600002153106**
6.4 CITY - ST - ZIP **-04/24/97--01007--011 ***5445.00**

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-97 (561) 994-6226

Date Day/Time Phone #

CR2E034 (9/96)