

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 # L22854 (8)

1. Corporation Name
TUTOR TIME-SPACE COAST, 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~~

3. Date Incorporated or Qualified
10/16/1989

3a. Date of Last Report
05/01/1996

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

4. FEI Number

65-0196520

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

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

☐ Yes ☐ No

8. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name Ncesa B. Warlen
82 Street Address (P.O. Box Number is Not Acceptable) 621 NW 53rd Street
83 Suite 450
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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/3/97
DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	WEISSMAN, MICHAEL	
STREET ADDRESS	4517 N.W. 31ST AVE.	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	WEISSMAN, RICHARD	
STREET ADDRESS	4517 N.W. 31ST AVE.	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	621 NW 53rd St. Suite 450
1.4 CITY - ST - ZIP	Boca Raton FL 33487
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	700002153107
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

Daytime Phone #

CR2E034 (9/96)