

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # L83168 (9)

1. Corporation Name

DON-WIL, INC.



Principal Place of Business

Mailing Address

% TUTOR TIME LEARNING CENTER  
2200 LAKE IDA ROAD  
DELRAY BEACH FL 33445

% TUTOR TIME LEARNING CENTER  
2200 LAKE IDA ROAD  
DELRAY BEACH FL 33445

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

WOODRUFF, DONALD  
22680 CARAVEL CIRCLE  
BOCA RATON FL 33433

81 Name

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

83

84 City

FL

85 Zip Code

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WOODRUFF, DONALD  
22680 CARAVEL CIR.  
BOCA RATON FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
[ ] DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
[ ] DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
[ ] DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
[ ] DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
[ ] DELETE

1  
TITLE  
2  
NAME  
3  
STREET ADDRESS  
4  
CITY-ST-ZIP

2  
1  
TITLE  
2  
NAME  
3  
STREET ADDRESS  
4  
CITY-ST-ZIP

3  
1  
TITLE  
2  
NAME  
3  
STREET ADDRESS  
4  
CITY-ST-ZIP

4  
1  
TITLE  
2  
NAME  
3  
STREET ADDRESS  
4  
CITY-ST-ZIP

5  
1  
TITLE  
2  
NAME  
3  
STREET ADDRESS  
4  
CITY-ST-ZIP

6  
1  
TITLE  
2  
NAME  
3  
STREET ADDRESS  
4  
CITY-ST-ZIP

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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:

Donald Woodruff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD WOODRUFF

1/1/96 (407) 274-0208

Date

Telephone

CR2E034 (12/95)