SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.) NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** (1) HI-TECH TUTORING CENTER, INC. Principal Place of Business Mailing Address 4554 S. ORANGE BLOSSOM TRAIL 1001 S. DOLLINS AVE. ORLANDO FL 32839 ORLANDO FL 32805 LIS 3. Date Incorporated or Qualified 3a. Date of Last Report 11/15/1991 08/09/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3092747 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 П 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes]Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B**1 Name MOSLEY, ERNESTINE D 82 Street Address (P.O. Box Number is Not Acceptable) 1001 S. DOLLINS AVENUE ORLANDO FL 32805 83 City Zip Code 85 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. Josles Irnestine Executive Jane 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 3,96 TITLE DELETE 11TITLE Change Addition ALI, MALIK NAME 1.2 NAME POST OFICE BOX 10000 N/A STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32830-1000 CITY - ST - ZIP 1.4 CiTY - ST - 7/P VCD TITLE DELETE 2.1 TITLE Change Addition ANTON, BRUCE NAME 2.2 NAME POST OFFICE BOX 1031 N/A STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL 32802 CITY - ST - ZIP 2 4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE Change Addition KEMPER, JOHN NAME 3.2 NAME 1746 ALVARADO COURT STREET ADDRESS 3.3 STREET ADORESS LONGWOOD FL 32779 CITY-ST-ZIP 3.4. CITY - ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME RELVINI. PATRICIA K CPA 4 2 NAME 200 S. ORANGE AVE, 20TH FLOOR STREET ADDRESS 4.3 STREET ADDRESS ORLANDO FL 32801 CITY-ST-ZIP 4.4 CITY - ST - ZIF TITLE DELETE 5.1 TITL€ Change Addition MOSLEY, ERNESTINE NAME 5.2 NAME 1001 S. DOLLINS AVENUE STREET ADDRESS 5.3 STREET ANDRESS ORLANDO FL 32805 CITY-ST-ZIP 54 CITY - ST-ZIP TITLE DELETE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: