## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

ANNUAL REPORT Secretary of State  1002 DIVISION OF CORPORATIONS						
1998 DIVISION OF CORPORATIONS						
DOCUMENT # N46032 (1)						
HI-TEC	H TUTORII	NG CENTER, INC	<b>).</b>			
Principal Place of Business Mailing Address						
4554 S. ORANGE BLOSSOM TRAIL			1001 S. DOLLINS AVE.			
ORLANDO FL 32839			ORLANDO FL 32805			3. Date Incorporated or Qualified
			US			11/15/1991 4. FEI Number Applied For
						<b>59-3092747</b> Not Applicable
2. Principal Place of Business			2a. Mailing Address			5. Certificate of Status Desired \$8.75 Additional
21 Suite, Apt. #, etc.			Suite, Apt. #, etc.		<del></del> .	Fee Required
22			27			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees
City & State			City & State			7. Is this nonprofit corporation a homeowners association?
23			28	1		Yes X No
Zip 24	2	Country	Zip	30 Cour	itry	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. XYes No
24]		nd Address of Currer		130]		10. Name and Address of New Registered Agent
					81 Name	
	, <b>er</b> nestini			ŀ	62 Street Ac	Address (P.O. Box Number is Not Acceptable)
1001 S. DOLLINS AVENUE						
ORLANDO FL 32805				ľ	83	
Į					84 City	FL 85 Zip Code
11. Pursuant	to the provisio	ns of Sections 617.050	2 and 617.1508, Florida Statu	tes, the ab	ove-named co	corporation submits this statement for the purpose of changing its registered
office or r	egistered age	nt, or both, in the State	of Florida. Such change was ations of, Section 617,0503, F	authorized	by the corpo	oration's board of directors. I hereby accept the appointment as registered
SIGNATURE						
12,	Signature, typed or	printed name of registered ago OFFICERS AN	·	TE: Regislered	Agent signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PCD	OF ICERS AN	DELETE	13. 13.TITI	LE T	Change Addition
NAME	ALI, MALI	<		1.2 NA		
STREET ADDRESS		CE BOX 10000 N/A		1.3 STF	REET ADDRESS	
CITY-ST-ZIP		FL 32830-1000	···	1.4 CIT	Y-ST-ZIP	
TITLE	VCD		☐ DELETE	2.1 111	1	Change Addition
NAME					- 1	
STREET ADDRESS CITY-ST-ZIP		FIL 32802			REET ADDRESS	
TITLE	S	1 L OLOUE	DELETE	3.1 1111		☐ Change ☐ Addition
NAME	KEMPER,	JOHN		3.2 NAI	ME	
STREET ADDRESS						
1 5004 6T 310	1746 ALV	ARADO COURT		3.3 STF	REET ADDRESS	
CRTY-ST-ZIP	1746 ALV		Double	3.4. CI	IY-ST-ZIP	
TITLE	1746 ALV LONGWO	ARADO COURT OD FL 32779	☐ DELETE	3.4. CIT 4.1 TITI	IY-ST-ZIP LE	☐ Change ☐ Addition
TITLE NAME	1746 ALV LONGWO T RELVINI, I	ARADO COURT OD FL 32779 PATRICIA K CPA		3.4. CIT 4.1 TITI 4. 2 NA	IY-ST-ZIP LE ME	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS	1746 ALV LONGWO T RELVINI, I 200 S. OF	Arado Court DD FL 32779 Patricia K CPA NANGE AVE, 20TH F		3.4. CIT 4.1 TITI 4. 2 NA 4.3 STR	IY-ST-ZIP LE ME LEET ADDRESS	☐ Change ☐ Addition
TITLE NAME	1746 ALV LONGWO T RELVINI, I 200 S. OF	ARADO COURT OD FL 32779 PATRICIA K CPA		3.4. CIT 4.1 TITI 4. 2 NA 4.3 STR	IY-ST-ZIP LE ME IEET ADDRESS Y-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1746 ALV. LONGWO T RELVINI, I 200 S. OF ORLANDO D MOSLEY,	ARADO COURT OD FL 32779 PATRICIA K CPA IANGE AVE, 20TH F PFL 32801 ERNESTINE	LOOR	3.4. CIT 4.1 TITU 4.2 NA 4.3 STR 4.4 CIT	IY-ST-ZIP  LE  ME  ME  SET ADDRESS  Y-ST-ZIP  LE	,
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	1746 ALV. LONGWO T RELVINI, I 200 S. OF ORLANDO D MOSLEY, 1001 S. D	ARADO COURT OD FL 32779 PATRICIA K CPA IANGE AVE, 20TH F PFL 32801 ERNESTINE OLLINS AVENUE	LOOR	3.4. CIT 4.1 TITI 4.2 NA 4.3 STF 4.4 CIT 5.1 TITI 5.2 NA 5.3 STF	IY-ST-ZIP  LE  ME  LEET ADDRESS  Y-ST-ZIP  LE  ME  LEET ADDRESS	,
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1746 ALV. LONGWO T RELVINI, I 200 S. OF ORLANDO D MOSLEY, 1001 S. D	ARADO COURT OD FL 32779 PATRICIA K CPA IANGE AVE, 20TH F PFL 32801 ERNESTINE	LOOR DELETE	3.4. CIT 4.1 TITI 4.2 NA 4.3 STR 4.4 CIT 5.1 TITI 5.2 NA 5.3 STR 5.4 CIT	IY-ST-ZIP LE MME LEET ADDRESS Y-ST-ZIP LE AME LEET ADDRESS SEET ADDRESS Y-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	1746 ALV. LONGWO T RELVINI, I 200 S. OF ORLANDO D MOSLEY, 1001 S. D	ARADO COURT OD FL 32779 PATRICIA K CPA IANGE AVE, 20TH F PFL 32801 ERNESTINE OLLINS AVENUE	LOOR	3.4. CIT 4.1 TITI 4.2 NA 4.3 STR 4.4 CIT 5.1 TITI 5.2 NAT 5.3 STR 5.4 CIT 6.1 TITI	IY-ST-ZIP LE ME LEET ADDRESS Y-ST-ZIP LE AGE LEET ADDRESS Y-ST-ZIP LE LEET ADDRESS Y-ST-ZIP LE LEET ADDRESS	,
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1746 ALV. LONGWO T RELVINI, I 200 S. OF ORLANDO D MOSLEY, 1001 S. D	ARADO COURT OD FL 32779 PATRICIA K CPA IANGE AVE, 20TH F PFL 32801 ERNESTINE OLLINS AVENUE	LOOR DELETE	3.4. CIT 4.1 TITI 4.2 NA 4.3 STF 4.4 CIT 5.1 TITI 5.2 NA 5.3 STF 5.4 CIT 6.1 TITI 6.2 NA	IY-ST-ZIP LE ME LEET ADDRESS Y-ST-ZIP LE AGE LEET ADDRESS Y-ST-ZIP LE LEET ADDRESS Y-ST-ZIP LE LEET ADDRESS	☐ Change ☐ Addition

11. Thereby certify that the information supplied with this filling 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 trustely 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:

(407)858-0919