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Secretary of State
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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N46032**

1. Corporation Name
HI-TECH TUTORING CENTER, INC.

488210 - 90049 - 23

Principal Place of Business	Mailing Address
4554 S. ORANGE BLOSSOM TRAIL ORLANDO FL 32839	1001 S. DOLLINS AVE. ORLANDO FL 32805 US

2. Principal Place of Business 21 4554 S. Orange BL. Tr. Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 P.O. Box 555661 Suite, Apt. #, etc. 27 City & State 28 Orlando, FL Zip 29 32855-5661 Country 30 Orange	3. Date Incorporated or Qualifed 11/15/1991 4. FEI Number 59-3092747 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☒ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MOSLEY, ERNESTINE D
1001 S. DOLLINS AVENUE
ORLANDO FL 32805

10. Name and Address of New Registered Agent

81 Name: Ernestine D. Mosley
82 Street Address (P.O. Box Number is Not Acceptable): 4554 S. Orange BL. Tr. #72
83
84 City: Orlando, FL 85 Zip Code: 32839

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.

SIGNATURE: Ernestine D. Mosley - Executive Director 4/28/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCD	☐ DELETE	1.1 TITLE	PCD	☒ Change ☐ Addition
NAME	ALI, MALIK		1.2 NAME	John D. Ellis, Jr.	
STREET ADDRESS	POST OFICE BOX 10000 N/A		1.3 STREET ADDRESS	105 E. Robinson St., Ste. 500	
CITY-ST-ZIP	ORLANDO FL 32830-1000		1.4 CITY-ST-ZIP	Orlando, FL 32801	
TITLE	VCD	☐ DELETE	2.1 TITLE	VCD	☒ Change ☐ Addition
NAME	ANTON, BRUCE		2.2 NAME	Lisa Early	
STREET ADDRESS	POST OFFICE BOX 1031 N/A		2.3 STREET ADDRESS	1717 S. Orange Ave., Ste. 200	
CITY-ST-ZIP	ORLANDO FL 32802		2.4 CITY-ST-ZIP	Orlando, FL 32806	
TITLE	S	☐ DELETE	3.1 TITLE	S/T	☒ Change ☐ Addition
NAME	KEMPER, JOHN		3.2 NAME	Alice E. Leach, CTC	
STREET ADDRESS	1746 ALVARADO COURT		3.3 STREET ADDRESS	2421 Lake Sunset Dr.	
CITY-ST-ZIP	LONGWOOD FL 32779		3.4 CITY-ST-ZIP	Orlando, FL 32805	
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RELVINI, PATRICIA K CPA		4.2 NAME		
STREET ADDRESS	200 S. ORANGE AVE, 20TH FLOOR		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32801		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	MOSLEY, ERNESTINE		5.2 NAME	Ernestine D. Mosley	
STREET ADDRESS	1001 S. DOLLINS AVENUE		5.3 STREET ADDRESS	4554 S. Orange BL Tr., #72	
CITY-ST-ZIP	ORLANDO FL 32805		5.4 CITY-ST-ZIP	Orlando, FL 32839	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John D. Ellis, Jr. FILED President/Chairman 4/28/99 407-246-0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #