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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P95000088462 (3) **DOCUMENT #** 1. Corporation Name

TUTOR TIME AT ALTAMONTE SPRINGS, INC.

FILED

96 MAY -1 PM 3: 06

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place	o of Euripean	44.10	······································		·				
Principal Place of Business Mailing Address							anır maldı lörül ibili üli	rem Maren ebild simbl	
4517 NW 31ST AVENUE FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309									
A Display D						3. Date Incorporated or Qualified 11/17/1995	3a. Date of Last f	Report	
2. Principal Place of Business		2a. Mailing Address				4. FEI Number		Applied For	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				65-06245		Not Applicable	Į
City & State		City & State				'		5 Additional Required	
23		28				Election Campaign Financing     Trust Fund Contribution		May Be	
Zip 24	Country Ζηρ  25 29		Country 30			8. This corporation has liability for intangible tax under s 199,032, Florida Statutes Yes    Yes			
	9, Name and Address of Curren	t Registered Agent				10. Name and Address of New Reg			
		100		81	Name		natered Agent		
	MAN, RICHARD S W 31ST AVENUE		ŀ	82	Street Ac	et Address (P.O. Box Number is Not Acceptable)			
	AUDERDALE FL 33309		Ì	83					
	1002110112212 00000			03				1	
			i	84	City			p Code	
<ol> <li>Pursuant or register</li> </ol>	to the provisions of Sections 607.0502 red agent, or both, in the State of Florid	and 607.1508, Florida Statute	s, the abo	ve-n	amed corp	oration submits this statement for the purpo and of directors. I hereby accept the appoint		registered office	
tamilar wi	th, and accept the obligations of Section	on 607.0505, Florida Statutes		orpo	ration's bo	ard of directors. I hereby accept the appoint	lment as registered	l agent. I am	
SIGNATURE	Signature, typed or printed name of registered agon; a	any ilito d any make							
12.	OFFICERS AND		13.	Aprint	signature requ	red when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	200 11.140	ú
TITLE	PD	☐ DELETE		TLF		ASSEMBLIA OFFICE	Change	Addition	Š
NAME	WEISSMAN, MICHAEL		1.2 NA	ME					-
STREET ADDRESS	4517 NW 31ST AVENUE		1.3 ST		DDPESS				č
CITY-ST-ZIP TITLE	FORT LAUDERDALE FL 33309 VD	For British		1.4 CITY-ST-ZIP					ă
NAME	WEISSMAN, RICHARD S	DELETE "	2 1 TITLE		-	Change		Addition	C
STREET ADDRESS	4517 NW 31ST AVENUE		2.2 NA	REET ADDRESS		600001803906 -05/02/9601001007			
CITY-ST-ZIP	FORT LAUDERDALE FL 33309		- 1						
TITLE	STD	DELETE		4 City-St-ZIP		***52 <del>32</del> ,	. 50 <u>***</u> *2 □ Change	200.00	
NAME	O'BYRNE, DEBBIE		3 2 NAM				⊏1 ខាធារដិត	L.J. AUBITION	
STREET ACCRESS	4517 NW 31ST AVENUE		3 3. STF	REE1 #	DDRESS			İ	
CHY-ST-ZIP	FORT LAUDERDALE FL 33309		3.4 C(I)	Y - ST -	ZiP				
TiTLE NAME		DELETE	4. 1 TIT				Change	Addition	
STREET ADDRESS			4.2 NAME					· .	
CrTY-S1-ZIP			4.3 STREET A		- 1				
TITLE		DELETE	4.4 CITY	*******	ZIP		F-1 -		
NAME		Total Court is	5. 1 TITLE 5.2 NAME				☐ Change	Addition	
STREET ADDRESS			5.3 STRI		ODRESS   N	$\mathcal{L}$			
CITY-SI-ZIP			5.4 CITY		1	61			
MILE		☐ DELETE	6 1 TITL				☐ Change	Addition	
NAME			6.2 NAM	16			onlingo	L.J PROMOT	
STREET ADDRESS			6.3 STRE	EE1 AC	DRESS				
CHY-ST-ZIP	certify that the information supplied will	H. dha dhan in	6.4 CITY	·\$†-	ZIP				
OU HOLDOY	- vorum mature iniontalion subbilion wil	un surs tillras is valuritarily furola	mod and de	200 +	sat amaliti.	(			

certify that the information is upplied with this taing 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: PIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96 305-730-0332 Den: 305-730-0332