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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000027944 (3)**

1. Corporation Name
TUTOR TIME LEARNING SYSTEMS, INC.

Principal Place of Business	*Mailing Address*
~~4517 N.W. 31 AVENUE~~ ~~FT. LAUDERDALE FL 33309~~	~~4517 N.W. 31 AVENUE~~ ~~FT. LAUDERDALE FL 33309-9409~~

3. Date Incorporated or Qualified: 03/28/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 621 NW 53rd Street	26 621 NW 53rd Street
Suite, Apt. #, etc. 22 Suite 450	Suite, Apt. #, etc. 27 Suite 450
City & State 23 Boca Raton FL	City & State 28 Boca Raton FL
Zip / Country 24 33487 25 Palm Beach	Zip / Country 29 33487 30 Palm Beach

4. FEI Number: 65-0680839 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name: Neesa B. Warlen
82 Street Address (P.O. Box Number is Not Acceptable): 621 N.W. 53rd St.
83: Suite 450
84 City: Boca Raton **FL** 85 Zip Code: 33487

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Neesa Warlen 4/3/97
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEISSMAN, MICHAEL ~~4517 N.W. 31 AVENUE~~ ~~FT. LAUDERDALE FL 33309~~ ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 621 NW 53rd St. Suite 450 Boca Raton FL 33487
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEISSMAN, RICHARD ~~4517 N.W. 31 AVENUE~~ ~~FT. LAUDERDALE FL 33309~~ ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition 621 NW 53rd St. Suite 450 Boca Raton FL 33487
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 4/22/97
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 900002153109 -04/24/97--01007--011 ***5445.00

CR2E034 (9/96)

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [redacted] 4-10-97 (561) 994-6226
SIGNATURE & TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Richard Weissman DIRECTOR

0265872