


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 22 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000029833 (6)**

1. Corporation Name  
**TUTOR TIME FRANCHISE LEARNING CENTERS, INC.**



Principal Place of Business <b>4517 NW 31ST AVENUE FORT LAUDERDALE FL 33309</b>	Mailing Address <b>4517 NW 31ST AVENUE FORT LAUDERDALE FL 33309-0403</b>
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2. Principal Place of Business 21 <b>621 NW 53rd Street</b> Suite, Apt. #, etc. 22 <b>Suite 450</b> City & State 23 <b>Boca Raton FL</b> Zip 24 <b>33487</b>		2a. Mailing Address 26 <b>621 NW 53rd Street</b> Suite, Apt. #, etc. 27 <b>Suite 450</b> City & State 28 <b>Boca Raton FL</b> Zip 29 <b>33487</b>		3. Date Incorporated or Qualified <b>04/02/1996</b>		3a. Date of Last Report	
				4. FEI Number <b>65-0656975</b>		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>CHIRAS, DAVID L PA 4517 NW 31ST AVENUE FORT LAUDERDALE FL 33309</b>				10. Name and Address of New Registered Agent			
				81 Name <b>Nessa B. Warlen</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>621 NW 53rd Street</b>			
				83 <b>Suite 450</b>			
				84 City <b>Boca Raton</b> <b>FL</b> 85 Zip Code <b>33487</b>			

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 *Nessa B. Warlen* DATE **4/3/97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <b>PTD</b> <input type="checkbox"/> DELETE				1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME <b>WEISSMAN, MICHAEL</b>				1.2 NAME			
STREET ADDRESS <b>4517 NW 31ST AVENUE</b>				1.3 STREET ADDRESS <b>621 NW 53rd Street #450</b>			
CITY - ST - ZIP <b>FORT LAUDERDALE FL 33309</b>				1.4 CITY - ST - ZIP <b>Boca Raton FL 33487</b>			
TITLE <b>PSD</b> <input type="checkbox"/> DELETE				2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME <b>WEISSMAN, RICHARD</b>				2.2 NAME			
STREET ADDRESS <b>4517 NW 31ST AVENUE</b>				2.3 STREET ADDRESS <b>621 NW 53rd St. Suite 450</b>			
CITY - ST - ZIP <b>FORT LAUDERDALE FL 33309</b>				2.4 CITY - ST - ZIP <b>Boca Raton FL 33487</b>			
TITLE <input type="checkbox"/> DELETE				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY - ST - ZIP				3.4 CITY - ST - ZIP			
TITLE <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
TITLE <input type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE <input type="checkbox"/> DELETE				6.1 TITLE			
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 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: *[Signature]* DATE **4-10-97** (561) 994-6226  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)