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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 03 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000029833 (6)

TUTOR TIME FRANCHISE LEARNING CENTERS, INC.

Principal Place of Business Mailing Address						T IEBNIOOF IOD FORIO DRIAL BORIL BOILL BOILL BOILL	10 11010 E0101 HE180 1H102 HH1 1001	
621 NW 53RD STREET		621 NW 5	621 NW 53RD STREET					
SUITE 450	11 F1 60407		SUITE 450			DO NOT WRITE IN T	DO NOT WRITE IN THIS SPACE	
BOCA RATON FL 33487 BOCA RATON FL 33487			ON FL 33487			3. Date Incorporated or Qualified		
						04/02/1996		
2. Principal f	Place of Business	2a. Mailing	Address			4. FEI Number	Applied For	
21		26				65-0656975	Not Applicable	
Suite, Apt	. #, etc.	<u> </u>	pt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22 City & Sta	to .	27 City & S	State				Fee Required	
23	10	28	olate			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip .		Country		8. This corporation owes or has paid the		
24	25	29		30		Personal Property Tax due June 30.	Yes No	
g, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
, W	arl e n, neesa b			81	Name			
	1 NW 53RD STREET			82	Street A	Address (P.O. Box Number is Not Acceptable)		
	JITE 450			83				
4 BC	OCA RATON FL 33487			63				
				84	City		85 Zip Code	
11. Pursuant	to the provisions of Sections 607.0	0502 and 607 1508	Florida Statutes	s the above	-named i	corporation submits this statement for the purpo	se of changing its registered	
l office or	registered agent, or both, in the Stam familiar with, and accept the ob	ate of Florida, Such	change was at	ithorized by	the corn	oration's board of directors. I hereby accept the	appointment as registered	
	am lamiliar with, and accept the ob	rigations of, Section	roo, coco, rioi	ida Statules	•			
SIGNATURE	Signature, typed or printed hame of registered	agent and title if applicable	. (NOTE	Registered Age	nt signature i	togured when reinstating) DA	a _F	
12.	OF FICERS A	AND DIRECTORS	4	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
TITLE	PTD	7	DELETE	1.1 TITLE			☐ Change ☐ Addition	
NAME	WEISSMAN, MICHAEL			1.2 NAME				
STREET ADDRESS	621 NW 53RD STREET SU	ITE 450		1.3 STREET	ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33487		DELETE	1.4 CITY - ST	- ZIP		V 0 [] 4420	
TITLE	PSD MICHARD	ľ] DELETE	2.1 TITLE		PD	Change Addition	
NAME STREET ADDRESS	WEISSMAN, RICHARD	ITP 4EA		2.2 NAME				
	621 NW 53RD STREET SU	IIE 450		2.3 STREET				
C/TY-ST-ZIP	BOCA RATON FL 33487		DELETE	2.4 CITY - S 3.1 TITLE		TD AL'	Change Addition	
NAME	ţ	•		3 (1) ()				
STREET ADDRESS	t			3.2 NAME	(SARU RUDIN C) 41150	Cusude William	
CITY-ST-ZIP				3.2 NAME	anneree (SARY RUDIN ST. #450	Cusude Al vacuou	
TITLE				3 3 STREET	ADDRESS	SARY RUDIN PO St. #450 621 NW 53 RD St. #450 RODO, ROTON FL 33487	Charige A Muulion	
			DELETE	3 3 STREET 3.4. CITY-S	ADDRESS 1-ZIP	SARY KUDIN 621 NW 53 RD St. #450 Byca Rotun FL 33487	Change Addition	
NAME		ı	DELETE	3.3 STREET 3.4. CITY-S 4.1 TITLE		SARY KUDIN 621 NW 53 RD St. #450 BOCA ROTUN FL 33487 VPS Plechus C. #4150		
NAME Street address		1	DELETE	3.4. CITY-S 4.1 TITLE 4.2 NAME	LDDDFCC	SARY KUDIN 621 NW 53 RD St. #450 BOCA ROTUN FL 33487 VPS Greg Plechus Greg Plechus Greg Plechus Greg Plechus		
STREET ADDRESS			DELETE	3.3 STREET 3.4. CITY-S 4.1 TITLE	LDDDFCC	SARY KUDIN 621 NW 53 RD St. #450 BOCA ROTUN FL 33487 VPS Greg Plechus Greg Plechus Greg Plechus Greg Plechus		
•		1	DELETE	3.3 STREET / 3.4. CITY - S 4.1 TITLE 4.2 NAME 4.3 STREET /	ADDRESS - ZIP	SARY KUDIN 621 NW 53 PD St. #450 BOCA ROTON FL 33487 VPS Greg Plechus Greg Plechus 621 NW 53 PD St. #450 BOCA ROTON FL 33487		
STREET ADDRESS CITY-ST-ZIP				3.9 STREET / 3.4. CITY - S 4.1 TITLE 4. 2 NAME 4.3 STREET / 4.4 CITY - SI	ADDRESS - ZIP	SARY KUDIN 621 NW 53 RD St. #450 BOCA ROTON FL 33487 VPS Greg Plechus Greg Plechus 621 NW 53 RD St. #450 BOCA ROTON FL 33487 VP. Schiller LAUCO	Change Addition	
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STREET ADDRESS CITY-ST-ZIP TITLE NAME			DELETE	3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-SI 5.1 TITLE 5.2 NAME	ADDRESS - ZIP	SARY KUDIN 621 NW 53 PD St. #450 BOCA ROTON FL 33487 VPS Greg Plechus Greg Plechus 621 NW 53 PD St. #450 BOCA ROTON FL 33487	Change Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-SI 5.1 TITLE 5.2 NAME 5.3 STREET	ADDRESS - ZIP	SARY KUDIN 621 NW 53 PD St. #450 BOCA ROTON FL 33487 VPS Greg Plechus St. #450 621 NW 53 PD St. #450 BOCA ROTON FL 33487 VP MARK Schiller St. #450 621 NW 53 PD St. #450 621 NW 53 PD St. #3487	☐ Change ► Addition ☐ Change ► Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			DELETE	3.3 STREET 3.4. CITY - S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY - S1 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY - S1	ADDRESS - ZIP	SARY KUDIN 621 NW 53 PD St. #450 BOCA ROTON FL 33487 VPS Greg Plechus St. #450 621 NW 53 PD St. #450 BOCA ROTON FL 33487 VP MARK Schiller St. #450 621 NW 53 PD St. #450 621 NW 53 PD St. #3487	☐ Change ► Addition ☐ Change ► Addition	
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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 twelves uppowered 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.