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

0374740

PROFIT CORPORATION ANNUAL REPORT **1999**

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

FILED
99 MAR 18 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000029833**

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

Principal Place of Business
621 NW 53RD STREET
SUITE 450
BOCA RATON FL 33487

Mailing Address
621 NW 53RD STREET
SUITE 450
BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
04/02/1996

4. FEI Number
65-0656975
[ ] 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 owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
WARLEN, NEESA B
621 NW 53RD STREET
SUITE 450
BOCA RATON FL 33487

10. Name and Address of New Registered Agent
81 Name IRA L. Young
82 Street Address (P.O. Box Numbers Not Acceptable) 621 NW 53RD Street #450
83
84 City Boca Raton FL 85 Zip Code

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 X
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required. Failure to do so will delay filing.) DATE 2/15/99

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | PD | [ ] DELETE |
| NAME | WEISSMAN, RICHARD | |
| STREET ADDRESS | 621 NW 53RD STREET, SUITE 450 | |
| CITY-ST-ZIP | BOCA RATON FL 33487 | |
| TITLE | TD | [X] DELETE |
| NAME | RUBIN, GARY | |
| STREET ADDRESS | 621 NW 53RD STREET, SUITE 450 | |
| CITY-ST-ZIP | BOCA RATON FL 33487 | |
| TITLE | VPS | [X] DELETE |
| NAME | PLECHUS, GREG | |
| STREET ADDRESS | 621 NW 53RD STREET, SUITE 450 | |
| CITY-ST-ZIP | BOCA RATON FL 33487 | |
| TITLE | VP | [ ] DELETE |
| NAME | SCHILLER, MARK | |
| STREET ADDRESS | 621 NW 53RD STREET, SUITE 450 | |
| CITY-ST-ZIP | BOCA RATON FL 33487 | |
| TITLE | | [ ] DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | [ ] DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---|---|---|
| 11 TITLE | | [ ] Change [ ] Addition |
| 12 NAME | | |
| 13 STREET ADDRESS | | |
| 14 CITY-ST-ZIP | | |
| 21 TITLE | T | [ ] Change [X] Addition |
| 22 NAME | Alfred Norris | |
| 23 STREET ADDRESS | 621 NW 53RD Street #450 | |
| 24 CITY-ST-ZIP | Boca Raton FL 33487 | |
| 31 TITLE | VP | [ ] Change [X] Addition |
| 32 NAME | DAVID Kitay | |
| 33 STREET ADDRESS | 621 NW 53RD Street #450 | |
| 34 CITY-ST-ZIP | Boca Raton FL 33487 | |
| 41 TITLE | | [ ] Change [ ] Addition |
| 42 NAME | | |
| 43 STREET ADDRESS | | |
| 44 CITY-ST-ZIP | | |
| 51 TITLE | | [ ] Change [ ] Addition |
| 52 NAME | | |
| 53 STREET ADDRESS | | |
| 54 CITY-ST-ZIP | | |
| 61 TITLE | | [ ] Change [ ] Addition |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 64 CITY-ST-ZIP | | |

600002817596--0
-03/25/99--01003--007
****150.00 ****150.00

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 607, 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:** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/15/99 (561) 237-2248 Daytime Phone #

CR2E034 (11/98)