

"AMENDED"
PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P96000029833

1. Corporation Name

TUTOR TIME FRANCHISE LEARNING CENTERS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JUL 23 PM 1:27

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

3. Date Incorporated or Qualified
04/02/96

2. Principal Place of Business

21 621 NW 53rd Street

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite 450

23 City & State
Boca Raton, FL

24 Zip 33487

25 Country USA

27 City & State

28 Zip

29 Country

4. FEI Number

65-0656975

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

Ira L. Young, Esq.
621 NW 53rd Street
Suite 450
Boca Raton, FL 33487

81 Name

82 Street Address (P.O. Box Number, if applicable)

65-0656975

83

08/04/99-01071-025

84

City

***122.50 ***61.25

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME Richard Weissman

STREET ADDRESS 621 NW 53rd Street #450

CITY-ST-ZIP Boca Raton, FL 33487

TITLE VP ☐ DELETE

NAME Mark Schiller

STREET ADDRESS 621 NW 53rd Street #450

CITY-ST-ZIP Boca Raton, FL 33487

TITLE T ☐ DELETE

NAME Alfred Novas

STREET ADDRESS 621 NW 53rd Street #450

CITY-ST-ZIP Boca Raton, FL 33487

TITLE VP ☒ DELETE

NAME David Kittay

STREET ADDRESS 621 NW 53rd Street #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

1.1 TITLE P/Chairman of the Board ☒ Change ☐ Addition

1.2 NAME Ed Cooperman

1.3 STREET ADDRESS 621 NW 53rd Street #450

1.4 CITY-ST-ZIP Boca Raton, FL 33487

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE S ☒ Change ☐ Addition

4.2 NAME Ira L. Young

4.3 STREET ADDRESS 621 NW 53rd Street #450

4.4 CITY-ST-ZIP Boca Raton, FL 33487

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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
Alfred Novas, Treasurer

7.8.99

Date

(561)237-2233

Daytime Phone #

CR2E034 (11/98)