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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000046492 (0)

TUTOR TIME MERGER CORP.

Principal Place of Business

Mailing Address

FILED Apr 22 1997 8:00am Secretary of State



4617 N.W. GIST AVENUE FORT LAUDERDALE FL 88809	4517-N.W. S1ST-AVENUE FORT-LAUDERDALE FL-8830	30-8403		
			3. Date incorporated or Qualified 05/30/1996	3a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
27 LOZI NW 53rd St.	26 621 NW 53	ord St.		Not Applicable
Suite Apt #. etc. 22 SUITE 450		50	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City State Val.	City & State Rator	. 1 1	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23 DOCA KATON FL	28 BOCA KATO	Country A	Trust Fund Contribution L 8. This corporation has liability for inte	
24 33487 25 Palm Bca	- da.(n. -	a Palmbea		res DiNo
9. Name and Address of Cu		WI TOTAL	10. Name and Address of New Regis	
ARMAS, LILIANA		81 Name	05 - 6 1 2 - 11	
1221-BRICKELL AVENUE		82 Street A	esa S. War La ddress (P.O. Box Number is Not Acceptable)	
SUITE 2100		2 62	IN.W. 53 cd Street	et
- MIAMI FL 33131		83	is Hero	
		84 City	TR 750	85 Zip Code
		84 City	ca Raton	FL 33487
11. Pursuant to the provisions of Sections 607	.0502 and 607.1508, Florida Statutes	s, the above-named o	corporation submits this statement for the pur	pose of changing its registered
office or registered agent, or both, in the S	itate of Florida. Such change was au bligations of Section 607 0505. Flori	ithorized by the corp ida Statutes	oration's board of directors. I hereby accept t	he appointment as registered
~\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	and walk	iaa oiaioioo.		U/3/97
SIGNATURE Signature, typical or printed name of registers	ed agent and title if applicable (NOTE	Registered Agent signature		BATE
12. OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	
THEE D	DELETE	1.1 TITLE		Change Addition
NAME WEISSMAN, MICHAEL		1.2 NAME		(() ()
STREET ADORESS 4517-N.W. 016T-AVENUE		1.3 STREET ADDRESS	621 NW 53rd Street	et 30116 450
CITY-ST-ZIF FORT LAUDERDALE FL 33	909	1.4 CITY - ST - ZIP	Boca Ration FL.	33487
TITLE D	☐ DELETE	2.1 TITLE		Change Addition
NAME WEISSMAN, RICHARD S		2.2 NAME	Leal Nu 53rd Str	zet Suite450
STREET ADDRESS 4517 N.W. 313T AVENUE		2.3 STREET ADDRESS	BOCA RATION FL.	23487
CITY-ST-7:P FORT LAUDERDALE FL 33	1309	2.4 CITY-ST-ZIP	EJOCA MATERIA I E.	
TIFLE	☐ DELETE	31 TITLE		Change Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CHY-SI-ZP		3.4. City-St-ZiP		·
THLE	DELETE	4.1 TITLE		Change Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		,
CITY+S1-2IP		4.4 CITY-ST-ZIP		
TITLE	DELETE	5.1 TITLE		Change Addition
NAME:		5.2 NAME		•
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME	800002153	2 100 2 100
STREET ADDRESS		6.3 STREET ADDRESS	-04/24/9701007	/U11
(nly, \$1, 7iP		6.4 CITY-ST-ZIP	***5445 . 00	
14. I do hereby certify that the information sus	antied with this filing does not qualify	for the exemption s	tated 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 exceute 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:

4-10-97 (561) 994-6226