

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

Amended PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # P96000046492  
1. Corporation Name  
TUTOR TIME CHILD CARE SYSTEMS, INC.

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

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

FILED

99 SEP 14 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
5/30/96

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	65-0289620	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation owes the current year Intangible Personal Property Tax.	Yes No

9. Name and Address of Current Registered Agent

Frank Mendez, Esq.  
621 NW 53RD ST.  
SUITE 450  
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name Ira L. Young, Esq.  
82 Street Address / P.O. Box Number (Not Applicable)  
621 NW 53rd Street #450  
83  
84 City Boca Raton FL 85 33487

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 Section 607.0505, Florida Statutes.

September 2, 1999

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS ... CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT	1.1 TITLE	P
NAME	Richard S. Weissman	1.2 NAME	Ed Cooperman
STREET ADDRESS	621 NW 53RD ST SUITE 450	1.3 STREET ADDRESS	621 NW 53rd Street #450
CITY-ST-ZIP	BOCA RATON FL 33487	1.4 CITY-ST-ZIP	Boca Raton, FL 33487
TITLE		2.1 TITLE	T
NAME		2.2 NAME	Alfred Novas
STREET ADDRESS	621 NW 53RD ST SUITE 450	2.3 STREET ADDRESS	621 NW 53rd Street; #450
CITY-ST-ZIP	BOCA RATON FL 33487	2.4 CITY-ST-ZIP	Boca Raton, FL 33487
TITLE		3.1 TITLE	VP
NAME		3.2 NAME	Mark Schiller
STREET ADDRESS	621 NW 53RD ST SUITE 450	3.3 STREET ADDRESS	621 NW 53rd Street #450
CITY-ST-ZIP	BOCA RATON FL 33487	3.4 CITY-ST-ZIP	Boca Raton, FL 33487
TITLE		4.1 TITLE	S
NAME		4.2 NAME	Ira L. Young
STREET ADDRESS		4.3 STREET ADDRESS	621 NW 53rd Street #450
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Boca Raton, FL 33487
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.