PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE
Kutherine Harris

Secre ary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000038950

ACHIEVEMENT TUTORING SERVICE, INC.

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90174 030 \*\*\*150.00



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Principal Flace of Business	Mailing Address							
3702 TERRAPIN LANE #1701	3702 TERRAPIN LANE #1 CORAL SPRINGS FL 330			}				
CORAL SPRINGS FL 33067	OCHAL GUARAGO PE VAG				DO NOT WRI	TE IN THIS	S SPACE	<u>,</u> _
				3. Date Incorp. 04/29/19	orated or Qualifed			
	2a. Mailing Address			4. FEI Number			TA	lied For
2. Principal Place of Business	<del></del>				31734		N.	: Applicable
21	Suite, Apt. #, etc.							Additional
Suite, Apt. #, etc.	<u> </u>			5. Certificate of	f Status Desired		<b>+</b>	a puired
22	City & State			a Florius Col	monico Einancina		\$5.00	. Vlay Be.
City & State			-	Trust Fund	mpaign Financing Contribution			t) Fees
23	Zip	Cou	untry		ation owes the curr	ent vear Ir	ntangible	
Zîp Cou ıtry	<b>├</b> ¬ '	[30]	,	Personal Pr		J.,,	<b>X</b> Yes	□No
24 25	29	301	<del></del>	_	Address of New F	Register-30	Agent	
9. Name and Address of Curr	ent Keltisteren våent		B1 Name					
KITROSSER, IRA					<del> </del>	<del></del> -		<u>. — — — — — — — — — — — — — — — — — — —</u>
3702 TERRAPIN LANE #1710			82 Street Aid	iress (P.O. Bo∢ Nun	nber is Not Accepta	able)		
CORAL SPRINGS FL 33067			83					
COURT OF LINEOUS LE COMO!			<del>[</del> ]					
			84 City			E:1	85 Zip	(:ode
			<u> </u>		e statement for the	DUITDORE O	Changing its	registered
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agent, I am familiar with, and accept the obli	parions of Section 607.0505, F	Forita Stat					<b>,</b>	100
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4. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0; (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 it 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 Chaptur 607, Florida Statutes; and the my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Tra Kitrosser 4/25/39 255-9

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