

03011999-90199-037-\$150.00-\$150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000071220 1. Corporation Name TUTOR TIME OF THE NORTHEAST, INC.			
Principal Place of Business 751 PARK OF COMMERCE DRIVE SUITE 108 BOCA RATON FL 33487		Mailing Address 751 PARK OF COMMERCE DRIVE SUITE 108 BOCA RATON FL 33487	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent KATARI, KIMBERLY L ESQUIRE LEVINE KATARI, P.A. 370 W. CAMINO GARDENS BLVD., SUITE 210 BOCA RATON FL 33432		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 date if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WEISSMAN, MICHAEL 751 PARK OF COMMERCE DRIVE BOCA RATON FL 33487	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition President ANGELA PRYOR 2855 INDIAN RIVER PT PINE 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRYOR, THAD 751 PARK OF COMMERCE DRIVE BOCA RATON FL 33487	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Vice President DARLENE RILEY 223 SE 25 AVE BOYNTON BEACH FLA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD FARACHE, LISA 751 PARK OF COMMERCE DRIVE BOCA RATON FL 33487	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Chairman of the Board THAD PRYOR 2855 INDIAN RIVER PT PINE 34982 FLA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President DARLENE RILEY 223 SE 25 AVE BOYNTON BEACH FLA	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (11/98)