FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 MAY -1 AM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # S87571 (3)

1. Corporation Name
TUTOR TIME CHILD CARE SYSTEMS, INC.

Principal Place of Business	Mailing Address
4517 N.W. 31ST AVENUE FORT LAUDERDALE FL 33309	4517 N.W. 31ST AVENUE FORT LAUDERDALE FL 33309

3. Date Incorporated or Qualified: 10/15/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0289620 — ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CHIRAS, DAVID L, P.A. 4517 N.W. 31ST AVENUE FORT LAUDERDALE FL 33309	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 of New Registered Agent) ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD	1.1 TITLE ☐ Change ☐ Addition
NAME	WEISSMAN, RICHARD	1.2 NAME
STREET ADDRESS	4517 N.W. 31ST AVENUE	1.3 STREET ADDRESS
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP
TITLE	COB/S	2.1 TITLE ☒ Change ☐ Addition
NAME	WEISSMAN, MICHAEL	2.2 NAME
STREET ADDRESS	4517 N.W. 31ST AVENUE	2.3 STREET ADDRESS
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP
TITLE	SD	3.1 TITLE ☐ Change ☐ Addition
NAME	WEISSMAN, MICHAEL	3.2 NAME
STREET ADDRESS	4517 N.W. 31ST AVENUE	3.3 STREET ADDRESS
CITY-ST-ZIP	FT LAUNDERDALE FL	3.4 CITY-ST-ZIP
TITLE	S/Senior-Vice President	4.1 TITLE ☒ Change ☐ Addition
NAME	CHIRAS, DAVID	4.2 NAME
STREET ADDRESS	4517 N.W. 31ST AVENUE	4.3 STREET ADDRESS
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP
TITLE		5.1 TITLE ☐ Change ☐ Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE		6.1 TITLE ☐ Change ☐ Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Richard S. Weissman, Pres. — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95 (Date) (305) 730-0332 (Phone Number)

0210663 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

... 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S88200 (8)

1. Corporate Name
INVESTORS CAPITAL CORPORATION

Principal Place of Business: ~~14498 S. TAMIAMI TRAIL SUITE 101 FORT MYERS FL 33912 US~~

Mailing Address: ~~P.O. BOX 07430 SUITE 101 FORT MYERS FL 33919 US~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 14498 S. Tamiami Trail	2a. Mailing Address: PO BOX 07430
Suite, Apt #, etc.:	Suite, Apt #, etc.:
City & State: Fort Myers FL	City & State: Fort Myers FL
Zip: 33912 County: Lee	Zip: 33919 County: Lee

3. Date Incorporated or Qualified: 10/18/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0304138 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. ... Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~LEVY, BRIAN
1508 SE 47TH AVE.
STE 100
CAPE CORAL FL 33390~~

10. Name and Address of New Registered Agent

Name: Peter Doragh Vice Pres./Gen. Counsel
Street Address (P.O. Box Number is Not Acceptable): 14498 S. Tamiami Trail
City: Fort Myers FL Zip Code: 33912

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] 4/26/95

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
~~DPS~~	~~MOLDOVSKY, NATHAN~~	~~14498 S. TAMIAMI TRAIL~~	~~FT MYERS FL~~
~~DVT~~	~~BURKE, HARALD~~	~~14498 S. TAMIAMI TRAIL~~	~~FT. MYERS FL~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change / Addition
President / Director	Nathan Moldovsky	14498 S. Tamiami Trail	Fort Myers FL 33912	☒ Change ☐ Addition
Vice Pres./Gen. Counsel/Director	Peter Doragh	14498 S. Tamiami Trail	Fort Myers FL 33912	☐ Change ☒ Addition
Secretary/Treasurer/Director	Harald Burke	14498 S. Tamiami Trail	Fort Myers FL 33912	☒ Change ☐ Addition

14. I the undersigned, certify that the information supplied with this filing is voluntarily furnished and done 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 1, or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] president 4/26/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Nathan Moldovsky PRES

DATE: 4/26/95 DAYTIME PHONE: 813-481-1800

0323056 CP