


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

FILED

Apr 22 1997 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # V54797 (8)

1. Corporation Name  
TUTOR TIME AT HOLLYWOOD HILLS, INC.

Principal Place of Business  
4517 NW 31ST AVE.  
FORT LAUDERDALE FL 33309

Mailing Address  
4517 NW 31ST AVE.  
FORT LAUDERDALE FL 33309-0408



|   |  |  |  |  |  |                                       |  |
|---|--|--|--|--|--|---------------------------------------|--|
| 2. Principal Place of Business<br>21 621 NW 53rd Street<br>Suite, Apt. #, etc. Suite 450<br>City & State Boca Raton FL<br>Zip 33487 |  | 2a. Mailing Address<br>26 621 NW 53rd Street<br>Suite, Apt. #, etc. Suite 450<br>City & State Boca Raton FL<br>Zip 33487 |  | 3. Date Incorporated or Qualified<br>07/29/1992  |  | 3a. Date of Last Report<br>05/01/1996 |  |
| 22 33487  |  | 27 33487   |  | 4. FEI Number<br>65-0348077  |  | Applied For<br>Not Applicable         |  |
| 23 33487  |  | 28 33487   |  | 5. Certificate of Status Desired <input type="checkbox"/>  |  | \$8.75 Additional<br>Fee Required     |  |
| 24 33487  |  | 29 33487   |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   |  | \$5.00 May Be<br>Added to Fees        |  |
| 25 33487  |  | 30 33487   |  | 8. This corporation has liability for intangible tax under s. 199.032,<br>Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |                                       |  |
| 9. Name and Address of Current Registered Agent<br>CHIRAS, DAVID L.<br>4517 NW 31ST AVE<br>FT LAUDERDALE FL 33309                   |  |  |  | 10. Name and Address of New Registered Agent<br>81 Name Neesa B. Warlen<br>82 Street Address (P.O. Box Number is Not Acceptable) 621 NW 53rd Street<br>83 Suite 450<br>84 City Boca Raton FL 85 Zip Code 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 the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Neesa Warlen* DATE 4/3/97

|                            |                        |                                 |  |   |  |  |  |
|----------------------------|------------------------|---------------------------------|--|---|--|--|--|
| 12. OFFICERS AND DIRECTORS |                        |                                 |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |  |  |
| TITLE                      | PD                     | <input type="checkbox"/> DELETE |  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| NAME                       | CORDLE, BETTY          |                                 |  | 1.2 NAME  |  |  |  |
| STREET ADDRESS             | 5516 HOLLYWOOD BLVD.   |                                 |  | 1.3 STREET ADDRESS                                    |  |  |  |
| CITY - ST - ZIP            | HOLLYWOOD FL 33021     |                                 |  | 1.4 CITY - ST - ZIP                                   |  |  |  |
| TITLE                      | CTD                    | <input type="checkbox"/> DELETE |  | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       | WEISSMAN, MICHAEL      |                                 |  | 2.2 NAME  |  |  |  |
| STREET ADDRESS             | 4517 NW 31ST AVE       |                                 |  | 2.3 STREET ADDRESS                                    | 621 NW 53rd St. Suite 450  |  |  |
| CITY - ST - ZIP            | FT LAUDERDALE FL 33309 |                                 |  | 2.4 CITY - ST - ZIP                                   | Boca Raton FL 33487  |  |  |
| TITLE                      | SVD                    | <input type="checkbox"/> DELETE |  | 3.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       | WEISSMAN, RICHARD      |                                 |  | 3.2 NAME  |  |  |  |
| STREET ADDRESS             | 4517 NW 31ST AVE       |                                 |  | 3.3 STREET ADDRESS                                    | 621 NW 53rd St. Suite 450  |  |  |
| CITY - ST - ZIP            | FT LAUDERDALE FL 33309 |                                 |  | 3.4 CITY - ST - ZIP                                   | Boca Raton FL 33487  |  |  |
| TITLE                      | VP                     | <input type="checkbox"/> DELETE |  | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| NAME                       | CORDLE, DEBRA          |                                 |  | 4.2 NAME  |  |  |  |
| STREET ADDRESS             | 5516 HOLLYWOOD BLVD    |                                 |  | 4.3 STREET ADDRESS                                    |  |  |  |
| CITY - ST - ZIP            | HOLLYWOOD HILLS FL     |                                 |  | 4.4 CITY - ST - ZIP                                   |  |  |  |
| TITLE                      |                        | <input type="checkbox"/> DELETE |  | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| NAME                       |                        |                                 |  | 5.2 NAME  |  |  |  |
| STREET ADDRESS             |                        |                                 |  | 5.3 STREET ADDRESS                                    |  |  |  |
| CITY - ST - ZIP            |                        |                                 |  | 5.4 CITY - ST - ZIP                                   |  |  |  |
| TITLE                      |                        | <input type="checkbox"/> DELETE |  | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: *Richard Weissman* DATE 4-10-97 (561) 994-6226  
Richard Weissman Director

CR2E034 (9/96)