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

**PROFIT** CORPORATION ANNUAL REPORT

1997

CITY-ST-ZF

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 22 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # V58317** 

TUTOR TIME LEARNING CENTER AT ROSS PLAZA, INC.

Principal Place of Business Mailing Address 4517 N.W. BIST AVE. 4517 N.W. 010T AVE. FORT LAUDERDALE FL 00000 FORT LAUDERDALE FL 80009-0400 3. Date Incorporated or Qualified 3a. Date of Last Report 08/14/1992 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0349861 621 NW 5 Not Applicable \$8.75 Additional Г 5. Certificate of Status Desired Fee Regulred 22 City & State 6. Election Campaign Financing \$5,00 May Be Ш 28 Trust Fund Contribution Added to Fees This corporation has liability for intangible tax under s. 199.032, 9. Name and Address of Current Registered Agent Yes No Florida Statutes 10. Name and Address of New Registered Agent CHIRAS: DAVID L. 4517 N.W. 91 AVE. 62 Street FORT LAUDERDALE FL 83309 83 84 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. on submits this statement for the purpose of changing its registered SIGNATURE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition THLE WEISSMAN, MICHAEL 12 NAME NAME Suite 450 4517 NW 31 AVE. Lainu 53rd St. STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FI 1.4 CITY-ST-ZIP DITY-ST-ZIP DELETE Change \_\_\_ Addition 2.1 TITLE TITLE LACY, JOHN N 2.2 NAME NAME 8474 HILLSBOROUGH AVE. WEST 2.3 STREET ADDRESS STREET ADDRESS TAMPA FL CHY-ST-ZIP 2. 4 City-ST-ZiP DELETE Change Addition D۷ 31 T/TLE TIME LACY, LORI A NAM: 3.2 NAME 8474 HILLSBOROUGH AVE. WEST 3.3 STREET ADDRESS STREET ADDRESS TAMPA FL 34. CITY-SY-ZIP CITY ST ZIP Change ☐ Addition DELETE 41 TITLE THLE WEISSMAN, RICHARD S 4. 2 NAME NAME BOCA RATON FL 3 4517 NW 31 AVE 4.3 STREET ADORESS STREET ADDRESS FT: LAUDERDALE FL 4.4 CITY - ST - ZIP CITY: \$1-20 DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIF DELETE 6.1 TITLE TILLE 4000021531**1**4 -04/24/97--01007--011 NAME 6.2 NAME STREET ADORESS **63 STREET ADDRESS \*\*\*5445.00** 

64 C/TY+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

DIRECTOR

4-10-97

I am an officer or director of the corporation or the receiver or trustee empowered to execute this appears in Block 12 or Block 13 if changed, or on an attachment with an address.