

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

FILED

Apr 29 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F45544 (6)**  
 1. Corporation Name  
**TEACHER SUPPORT SOFTWARE, INC.**



Principal Place of Business <b>1035 NW 57TH STREET GAINESVILLE FL 32605-4483</b>	Mailing Address <b>1035 NW 57TH STREET GAINESVILLE FL 32605-4483</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/22/1981</b>	3a. Date of Last Report <b>05/01/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2158995</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>DOMENECH, LYNN H.</b> <b>1035 NW 57TH STREET</b> <b>GAINESVILLE FL 32605</b>		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <input type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOMENECH, JOSEPH A</b>	1.2 NAME	<b>Domenech, Joseph A.</b>
STREET ADDRESS	<b>4926 N.W. 18TH PL</b>	1.3 STREET ADDRESS	<b>4926 NW 18th Pl</b>
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	1.4 CITY-ST-ZIP	<b>Gainesville, FL 32605</b>
TITLE	VPS <input type="checkbox"/> DELETE	2.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOMENECH, LYNN H</b>	2.2 NAME	<b>Domenech, Lynn H.</b>
STREET ADDRESS	<b>4926 N.W. 18TH PL</b>	2.3 STREET ADDRESS	<b>4926 NW 18th Pl</b>
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	2.4 CITY-ST-ZIP	<b>Gainesville, FL 32605</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>John Jinks</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>87 Meigs Dr.</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>Shalimar, FL 32579</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 in Block 14 if added as an attachment with an address.

SIGNATURE: \_\_\_\_\_

SIGNATURE REQUIRED

Joseph A. Domenech Jr. 4/15/97

Date Daytime Phone #

CR2E034 (9/96)