


1-23-98 B-0608 - ✓
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

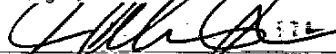
FILED
Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F45544 (6) 1. Corporation Name TEACHER SUPPORT SOFTWARE, INC.					
Principal Place of Business 1035 NW 57TH STREET GAINESVILLE FL 32605-4483			Mailing Address 1035 NW 57TH STREET GAINESVILLE FL 32605-4483		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 3542 NW 97th Blvd. Suite, Apt. #, etc.		26 3542 NW 97th Blvd. Suite, Apt. #, etc.		09/22/1981	
22 City & State		27 City & State		4. FEI Number	
23 Gainesville, FL		28 Gainesville, FL		59-2158995	
24 32606-7322 25 USA		29 32606-7322 30 USA		Applied For Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
DOMENECH, LYNN H. 1035 NW 57TH STREET GAINESVILLE FL 32605				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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.				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
SIGNATURE				10. Name and Address of New Registered Agent	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE	
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		P		1.1 TITLE	
NAME		DOMENECH, JOSEPH A		1.2 NAME	
STREET ADDRESS		4926 N.W. 18TH PL		1.3 STREET ADDRESS	
CITY-ST-ZIP		GAINESVILLE FL		1.4 CITY-ST-ZIP	
TITLE		S		2.1 TITLE	
NAME		DOMENECH, LYNN H		2.2 NAME	
STREET ADDRESS		4926 N.W. 18TH PL		2.3 STREET ADDRESS	
CITY-ST-ZIP		GAINESVILLE FL		2.4 CITY-ST-ZIP	
TITLE		T		3.1 TITLE	
NAME		JINKS, JOHN		3.2 NAME	
STREET ADDRESS		87 MEIGS DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP		SHALIMAR FL		3.4 CITY-ST-ZIP	
TITLE				4.1 TITLE	
NAME				4.2 NAME	
STREET ADDRESS				4.3 STREET ADDRESS	
CITY-ST-ZIP				4.4 CITY-ST-ZIP	
TITLE				5.1 TITLE	
NAME				5.2 NAME	
STREET ADDRESS				5.3 STREET ADDRESS	
CITY-ST-ZIP				5.4 CITY-ST-ZIP	
TITLE				6.1 TITLE	
NAME				6.2 NAME	
STREET ADDRESS				6.3 STREET ADDRESS	
CITY-ST-ZIP				6.4 CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

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.

SIGNATURE:  Joseph A. Domenech, Pres. 1/15/98 352/332-6404

CR2E034 (10/97)