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Apr 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # J77460 (0)
 1. Corporation Name
TJ SOFTWARE, INC.



Principal Place of Business: **8084 N DAVIS HWY E-3 276 PENSACOLA FL 32514 US**
 Mailing Address: **PO BOX 15150 PENSACOLA FL 32514-0150 US**

3. Date Incorporated or Qualified: **06/09/1987**
 3a. Date of Last Report: **04/05/1996**

21. State, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number: 59-2815199	Applied For: <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired: <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
LOPESILVERO, TRUDY
1580-71 STREET
MIAMI BCH FL 33141

10. Name and Address of New Registered Agent
 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

NAME: D LOPESILVERO, JOSEPH	<input type="checkbox"/> DELETE
STREET ADDRESS: 1580-71 STREET MIAMI BCH FL	
NAME: D LOPESILVERO, TRUDY	<input type="checkbox"/> DELETE
STREET ADDRESS: 1580-71 STREET MIAMI BCH FL	
NAME: _____	<input type="checkbox"/> DELETE
STREET ADDRESS: _____	
NAME: _____	<input type="checkbox"/> DELETE
STREET ADDRESS: _____	
NAME: _____	<input type="checkbox"/> DELETE
STREET ADDRESS: _____	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, on an attachment with an address.

SIGNATURE: *Trudy Lopesilvero* **TRUDY LOPESILVERO** **3/18/97** **904-479-2800**
 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE #

CR2E034 (9/96)