

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005271 (0)**

1. Corporation Name

SOFTWARE SUPPORT CONSORTIUM, INC.



Principal Place of Business 1800 S.E. 4TH STREET GAINESVILLE FL 32641	Mailing Address 1800 S.E. 4TH STREET GAINESVILLE FL 32641-8791
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3. Date Incorporated or Qualified 11/07/1995	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 8444 Gaskin Road Suite, Apt. #, etc. 22 City & State 23 Baldwinsville, NY Zip 24 13027 Country 25 USA	2a. Mailing Address 26 8444 Gaskin Road Suite, Apt. #, etc. 27 City & State 28 Baldwinsville, NY Zip 29 13027 Country 30 USA
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4. FEI Number 58-2211614	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent CHERRY, JOHN E 1900 S.E. 4TH STREET GAINESVILLE FL 32641	
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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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P/D <input type="checkbox"/> DELETE
NAME	THOMAS, FRED N., JR.
STREET ADDRESS	1800 FARM WORKERS WAY
CITY-ST-ZIP	IMOKALEE FL 33934-5544
TITLE	V/D <input type="checkbox"/> DELETE
NAME	OSTROWSKI, ELAINE T.
STREET ADDRESS	450 N. CHURCH ST.
CITY-ST-ZIP	GREENSBORO NC 27402
TITLE	T/D <input type="checkbox"/> DELETE
NAME	THOMPSON, THOMAS
STREET ADDRESS	200 E. BROAD ST.
CITY-ST-ZIP	SAVANNAH GA 31401-4149
TITLE	S/D <input type="checkbox"/> DELETE
NAME	BROTHERS, LORIE
STREET ADDRESS	8444 GASKIN RD.
CITY-ST-ZIP	BALDWINVILLE NY 13027
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **25 JAN 97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0011803

CR2E037 (9/96)