

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

FILED
Jun 03 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 # S98743 (5)
1. Corporation Name
SOFTKEY SOFTWARE PRODUCTS OF FLORIDA, INC.

Principal Place of Business
ONE ATHENAEUM STREET
CAMBRIDGE MA 02142
US

Mailing Address
ONE ATHENAEUM STREET
CAMBRIDGE MA 02142
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/06/1991		3a. Date of Last Report 06/26/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0312090		Applied For 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		30		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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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

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	DP	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	O'LEARY, KEVIN			1.2 NAME			
STREET ADDRESS	C/O SOFTKEY, INC ONE ATHENAEUM STREET			1.3 STREET ADDRESS			
CITY-ST-ZIP	CAMBRIDGE MA			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PERIK, MICHAEL			2.2 NAME			
STREET ADDRESS	C/O SOFTKEY, INC ONE ATHENAEUM STREET			2.3 STREET ADDRESS			
CITY-ST-ZIP	CAMBRIDGE MA			2.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WINNEG, NEAL S			3.2 NAME			
STREET ADDRESS	C/O SOFTKEY, INC, ONE ATHENAEUM ST			3.3 STREET ADDRESS			
CITY-ST-ZIP	CAMBRIDGE MA			3.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MURRAY, SCOTT R			4.2 NAME			
STREET ADDRESS	C/O SOFTKEY, INC ONE ATHENAEUM STREET			4.3 STREET ADDRESS			
CITY-ST-ZIP	CAMBRIDGE MA			4.4 CITY-ST-ZIP			
TITLE	AS	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCEVOY, DAVID L			5.2 NAME			
STREET ADDRESS	97 LEXINGTON AVE.			5.3 STREET ADDRESS			
CITY-ST-ZIP	CAMBRIDGE MA 02138			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 on an attachment with an address.

SIGNATURE: *[Signature]* 5/22/97 621484-5360

CR2E034 (9/96)