

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Oct 15 1998 8:00am
 Secretary of State

0013610

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N13171 (6)
 1. Corporation Name
 THE NATIONAL MACINTOSH COMPUTER SOCIETY, INC.



Principal Place of Business Mailing Address
 7875 NW 57 ST P.O. BOX 26713 TAMARAC FL 33320
 7875 NW 57 ST P.O. BOX 26713 TAMARAC FL 33320

3. Date Incorporated or Qualified
 01/27/1986
 4. FEI Number
 65-0023987 Applied For
 Not Applicable

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 Zip Country 29 Zip Country 30 Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 7. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 LAUGFGOU, MICHAEL
 1681 E SANDPIPER CIR
 PEMBROKE PINES FL 33026

10. Name and Address of New Registered Agent
 81 Name RODNEY STEFFEN
 82 Street Address (P.O. Box Number Is Not Acceptable)
 83 8520 NW 28TH ST.
 84 City SUNRISE FL 85 Zip Code 33322

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: *Rodney Steffen* DATE: 8-25-98
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	LANGFUR, MICHAEL	
STREET ADDRESS	1681 E SANDPIPER CIR	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BUDIN, CORTLAND	
STREET ADDRESS	17890 NE 61ST CT	
CITY-ST-ZIP	AVENTURA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KLEIN, BARBARA	
STREET ADDRESS	3056 N OAKLAND FOREST DR #101	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RECHTMAN, NORMAN	
STREET ADDRESS	8240 NW 53RD CT.	
CITY-ST-ZIP	LAUDERHILL FL	
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	PRESIDENT - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	STEFFEN, RODNEY	
1.3 STREET ADDRESS	8520 NW 28TH STREET	
1.4 CITY-ST-ZIP	SUNRISE, FL 33322	
2.1 TITLE	VICE PRESIDENT - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	H. PETER BLUM	
2.3 STREET ADDRESS	4001 N. OCEAN BLVD #1602	
2.4 CITY-ST-ZIP	BOCA RATON, FL 33431	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BARBARA KLEIN	
3.3 STREET ADDRESS	3056 S OAKLAND FOREST DR #12305	
3.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33309	
4.1 TITLE	IFERSON	<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 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: *Rodney Steffen* DATE: 7-28-98 DAYTIME PHONE #

CR2E037 (5/98)