FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **N27786** **(5)**

1. Corporation Name
TREASURE COAST MACINTOSH USERS GROUP, INC.

Principal Place of Business	Mailing Address
CHAMBER OF COMMERENCE KANNER HWY STUART FL 34994	23 SW WATERCRESS WAY STUART FL 34994-4845 US

3. Date Incorporated or Qualified: **08/08/1988**
3a. Date of Last Report: **04/17/1995**

2. Principal Place of Business — 21:
2a. Mailing Address — 26: PO Box 2718
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28: STUART FL
Zip — 24:
Country — 25:
Zip — 29: 34995-2718
Country — 30: USA

4. FEI Number: **65-0072599** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MCELROY, F. R
23 SW WATERCRESS WAY
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name: CHRIS PROCISE
82 Street Address (P.O. Box Number is Not Acceptable): 18 FIELDWAY DR
83:
84 City: STUART **FL** 85 Zip Code: 34996

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: Chris Procise President — 2/28/96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P PROCISE, CHRIS P.O. BOX 2718 N/A STUART FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D Chris Procise P.O. Box 2718 N/A Stuart, FL 34995	☒ Change ☐ Addition
TITLE D / NAME / STREET ADDRESS / CITY-ST-ZIP	D STANFORD, NANCY 73 N. RIVER ROAD STUART FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	150001 75.00CR1 03/28/96-01188-011 ***61.25	☐ Change ☐ Addition
TITLE D / NAME / STREET ADDRESS / CITY-ST-ZIP	D PROCISE, MICHAEL P.O. BOX 174 JENSEN BEACH FL	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARRISON, BECKY L. 8601 S.W. HOPWOOD AVE INDIANTOWN FL	☒ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	D DOTTIE STRYKOWSKY 406 EUROPEAN AVE FT PIERCE FL 34982	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MCELROY, FRANCIS R 23 SW WATERCRESS WAY STUART FL	☒ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	D CAROL SMITH 30 SIMARA ST STUART FL 34996	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Chris Procise — 2/28/96 — 407/283-5646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

3-26-1996