## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 N96000006415 (1) DOCUMENT #

**FILED** Mar 17 1998 8:00am Secretary of State

INTERNATIONAL EDACS USER GROUP, INC.								
Principal Pla	ce of Business	Mailing Address			-		##	
4450 US 1		P.O. BOX 6670			3. Date Incorporated or Qualified			
VERO BEACH FL 32967 VERO BEACH FL 32961 US US				12/16/1996 _				
03		US			4. FEI Number 65-072	6506	Applied For	
2 Principal	Place of Business	On Malling Address			APPLIED FOR-		Not Applicable	
21 21 21 21 21 21 21 21 21 21 21 21 21 2	riace of business	2e. Mailing Address 26			5. Certificate of Status Desired		5 Additional Required	
j Suite, Apt	. #, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing	\$5.0	O May Be	
22 City & Sta	te	City & State			Trust Fund Contribution	Adde Adde	d to Fees	
23		28			7. Is this nonprofit corporation a h	iomeowners associa ☐ Yes   No	ation?	
Zip	Country	Zip	Country		8. This corporation owes or has p	ald the current year	Intangible	
24	25 9. Name and Address of Curren	29	30		Personal Property Tax due June		No No	
<b></b>	w. Name and Address of Curren	it Hegistered Agent	B1 Na	ame	10. Name and Address of New Ro	aglatered Agent		
MELLO	N MICHAEL I							
MELLON, MICHAEL J   112 CARSWELL AVENUE			<b>82</b> St	reet Addre	ess (P.O. Box Number is Not Accepta	ble)		
	HILL FL 32117		83		<del></del>			
			84 Ci	ty		- 85 Z	ip Code	
11. Pursuant	to the provisions of Sections 617.050	2 and 617 1509 Florida Statute	no the shows no	mad sares	vertion submite this statement for the	FL 2		
office or	to the provisions of Sections 617.050 registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such change was a	uthorized by the	corporation	on's board of directors. I hereby acce	pt the appointment	as registered	
SIGNATURE	arriamila with and accept the obliga	ations of, Section 617,0303, Fig	riua Siaiules.					
	Signature, typed or printed name of registered age	nt and title if applicable (NOTE	: Registered Agent sig	nature require	d when reinstailing)	DATE		
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECT	ORS IN 12	
TITLE	PD LEGONALIED 1013	DELETE	1.1 TITLE		•	Chang	ge 🔲 Additlon	
NAME Street address	LITSCHAUER, J S LT 515 11TH STREET WEST		1.2 NAME					
CITY-ST-ZIP	8RADENTON FL 34205-7727		1.3 STREET ADDR	ESS				
TITLE	DVP	DELETE	1.4 CITY-\$T-ZIP			Chang	e Addition	
NAME	LEWIS, LESLIE	O SECUL	2.2 NAME				a CT VOURION	
STREET ADDRESS	700 S PARK AVE		E.E IIAML					
CITY-ST-ZIP	TITUSVILLE FL 32780		2.3 STREET ADDR	FSS				
TITLE			2.3 STREET ADDR					
NAME	DP	☐ DELETE	2.3 STREET ADDR 2.4 City-St-Zip 3.1 Title		4/4	<b>b</b> Chang	e  Addition	
	MELLON, MICHAEL J	☐ DELĒTE	2. 4 CITY - ST - ZIP			<del>-</del>	e 🔲 Addition	
STREET ADDRESS	MELLON, MICHAEL J P.O. BOX 6645 N/A	☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		2 CARSWELL AVE	<del>-</del>	e Addition	
CITY-ST-ZIP	MELLON, MICHAEL J	•	2. 4 City-St-ZIP 3.1 Title 3.2 NAME	ESS 1/2	2 CARSWELL AVE	NUE. 32117		
CITY-ST-ZIP TITLE	MELLON, MICHAEL J P.O. BOX 6645 N/A	☐ DELETE	2. 4 City-St-Zip 3.1 Title 3.2 NAME 3.3 STREET ADDRI	ESS 1/2	2 CARSWELL AVE	NUE. 32117		
CITY-ST-ZIP TITLE NAME	MELLON, MICHAEL J P.O. BOX 6645 N/A	•	2. 4 City-St-Zip 3.1 Title 3.2 Name 3.3 Street addri 3.4 City-St-Zip	ESS 1/2	2 CARSWELL AVE DLLY HILL, FL BERT WM. STOR	NUE. 32117		
CITY-ST-ZIP TITLE NAME STREET ADDRESS	MELLON, MICHAEL J P.O. BOX 6645 N/A	•	2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRI 3.4 CITY-ST-ZIP 4.1 TITLE	ESS 1/2	2 CARSWELL AVE PLLY HILL, FL BERT WM. STORI 50 US HWY 1	NUE. 32117		
CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP	MELLON, MICHAEL J P.O. BOX 6645 N/A	☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRI 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRI 4.4 CITY-ST-ZIP	ESS 1/2	C CARSWELL AVE PLLY HILL, FL BERT WM. STOR 50 US HWY 1. PO BEACH, FL 32	NUE. 32117	e Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MELLON, MICHAEL J P.O. BOX 6645 N/A	•	2. 4 City- St- zip 3.1 Title 3.2 NAME 3.3 STREET ADDRI 3.4. City- St- zip 4.1 Title 4.2 NAME 4.3 STREET ADDRI 4.4 City- St- zip 5.1 Title	ESS 1/2	CARSWELL AVE DLLY HILL, FL BERT WM. STOR! 50 US HWY 1. CO BEACH, FL 32;	NUE. 32117	e Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MELLON, MICHAEL J P.O. BOX 6645 N/A	☐ DELETE	2. 4 City- St- ZIP 3.1 Title 3.2 NAME 3.3 STREET ADDRI 3.4. CITY- ST- ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRI 4.4 CITY- ST- ZIP 5.1 TITLE 5.2 NAME	DT ROOM HA	2 CARSWELL AVE DLLY HILL, FL BERT WM. STOR 50 US HWY 1. PO BEACH, FL 32	NUE. 32117	e Addition	
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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.