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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N96000006415**

1. Corporation Name
INTERNATIONAL EDACS USER GROUP, INC.

Principal Place of Business	Mailing Address
4450 US 1 VERO BEACH FL 32967 US	P.O. BOX 6670 VERO BEACH FL 32961 US

2. Principal Place of Business 21	2a. Mailing Address 26 4450 U.S. HIGHWAY 1	3. Date Incorporated or Qualifed 12/16/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0726506 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 VERO BEACH, FL	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip / Country 24 25	Zip / Country 29 32967 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MELLON, MICHAEL J
112 CARSWELL AVENUE
HOLLY HILL FL 32117

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	STORK, ROBERT WM.		1.2 NAME		
STREET ADDRESS	4450 US HWY 1		1.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32967		1.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	2.1 TITLE	DP	☒ Change ☐ Addition
NAME	LEWIS, LESLIE		2.2 NAME	LEWIS, LESLEY	
STREET ADDRESS	700 S PARK AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL 32780		2.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	MELLON, MICHAEL J		3.2 NAME		
STREET ADDRESS	112 CARSWELL AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLY HILL FL 32117		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Robert W. Stork SIGNATURE REQUIRED 1/18/99 (561) 569-5355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #